

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 04 20 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (Insu

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		200491.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	255211.94									
(c) Total Receipts (from Line 19)	151038.00	318288.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	406249.94	518779.42								
7. Total Disbursements (from Line 31)	160837.17	273366.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	245412.77	245412.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	105971.00	232256.00
(i) Itemized (use Schedule A)	45067.00	86032.00
(ii) Unitemized	151038.00	318288.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	151038.00	318288.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	151038.00	318288.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	151038.00	318288.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	159000.00	269000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	250.00
29. Other Disbursements.....	1587.17	4116.65
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	160837.17	273366.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	160837.17	273366.65

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	151038.00	318288.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150788.00	318038.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 124
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Victor D. McCarley

Mailing Address 141 London Parkway

City Birmingham State AL Zip Code 35211-4541

FEC ID number of contributing federal political committee. C

Name of Employer Alabama Independent Insur-
ance Agents. Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7706630

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 447 Southwest Drive

City Jonesboro State AR Zip Code 72401-5856

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7706631

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mike Luttrell

Mailing Address 6800 Isaacs Orchard Rd

City Springdale State AR Zip Code 72762-6096

FEC ID number of contributing federal political committee. C

Name of Employer Walker Brothers Insurance,
Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7706632

Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional)	1025.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

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

Mailing Address 1501 Mart Drive

City State Zip Code
Little Rock AR 72202-1881

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

Name of Employer First Arkansas Insurance/- Little Rock, Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: 7706633

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mark S. Williamson

Mailing Address 1910 N Grant St Ste 200

City State Zip Code
Little Rock AR 72207-4427

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

Name of Employer Mark V. Williamson Compan- y, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: 7706634

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Peter R. Houldin

Mailing Address 4 Green Hill Rd

City State Zip Code
Washington Depot CT 06793-1201

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

Name of Employer Ericson Insurance Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: 7706636

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 124

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Andy N. Siegel

Mailing Address 2987 Clairmont Rd NE Suite 425

City Atlanta State GA Zip Code 30329-4433

FEC ID number of contributing federal political committee. C

Name of Employer Siegel Insurance, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706638

Amount of Each Receipt this Period 600.00

B.

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

Mailing Address 410 N Main St

City Hailey State ID Zip Code 83333-8416

FEC ID number of contributing federal political committee. C

Name of Employer Wood River Insurance, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706639

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
George Dahlinger

Mailing Address 1216 12th Ave South

City Nampa State ID Zip Code 83651-4665

FEC ID number of contributing federal political committee. C

Name of Employer Dahlinger & Co Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706640

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 124
(check only one)

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

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

A.

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

Mailing Address 101 W Main St

City State Zip Code
Grangeville ID 83530-1931

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

Name of Employer Northwest Insurance Agenc-
y, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706641

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Christopher T. Gaddis

Mailing Address 150 S Wacker Dr # 600

City State Zip Code
Chicago IL 60606-4105

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

Name of Employer Donald Gaddis Co Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706645

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael Miltner

Mailing Address 706 Adams St

City State Zip Code
Corning IA 50841-1434

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

Name of Employer Miltner Insurance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706649

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Scott M. Strong

Mailing Address 201 Main St

City Nashville State KS Zip Code 67112-1200

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

Name of Employer Strong's Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 7706652

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Peter L. Brunelli

Mailing Address 51 W Central St

City Franklin State MA Zip Code 02038-2101

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

Name of Employer Thomas F. Keefe Insurance Agency, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 7706655

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mike Larges

Mailing Address 522 South Main St

City Frankenmuth State MI Zip Code 48734-1618

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

Name of Employer Emil Rummel Agency, Inc. Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 7706656

Amount of Each Receipt this Period 750.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) David A. Walker		Date of Receipt	
	Mailing Address 2532 Old US 23		M M / D D / Y Y Y Y Y 03 / 04 / 2009	
	City	State	Zip Code	Transaction ID: 7706660
	Hartland	MI	48353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Hartland Insurance Agency, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

B.	Full Name (Last, First, Middle Initial) Monte Solberg		Date of Receipt	
	Mailing Address 520 West Main Street		M M / D D / Y Y Y Y Y 03 / 04 / 2009	
	City	State	Zip Code	Transaction ID: 7706663
	Lewistown	MT	59457-2604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Lewistown Insurance, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) David G. Perry		Date of Receipt	
	Mailing Address 3205 N 90th St Suite # 109		M M / D D / Y Y Y Y Y 03 / 04 / 2009	
	City	State	Zip Code	Transaction ID: 7706665
	Omaha	NE	68134-4714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer BW Insurance Agency, Inc.		Occupation Sale Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Philip F Winkelmann

Mailing Address 11132 O Street

City State Zip Code
Omaha NE 68137-2336

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7706666

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dean B. Merrill, II

Mailing Address 20 High St

City State Zip Code
Hampton NH 03842-2214

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

Name of Employer Occupation
Tobey & Merrill, Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7706667

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Glenn C. Allsopp

Mailing Address 803 Springfield Ave

City State Zip Code
Summit NJ 07901-1132

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

Name of Employer Occupation
Allsopp & Company Insuran- President
ce

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 7706669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gregory Blair		Date of Receipt
	Mailing Address 2277 Rte 33 Ste 404 Golden Crest Corporate Center		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Hamilton Square	NJ	08690-1700
	FEC ID number of contributing federal political committee. C		Transaction ID: 7706670
Name of Employer Nottingham Insurance		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Robert Conner		Date of Receipt
	Mailing Address 10 E Main St Suite E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Millville	NJ	08332-4293
	FEC ID number of contributing federal political committee. C		Transaction ID: 7706671
Name of Employer William R. Mints Agency		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Donald L. Houck, Jr.		Date of Receipt
	Mailing Address 1940 Eggert Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Amherst	NY	14226-2108
	FEC ID number of contributing federal political committee. C		Transaction ID: 7706680
Name of Employer Donald L. Houck Agency In- c.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 124
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Joseph J Koch

Mailing Address 720 Sunrise Hwy
Koch Building

City State Zip Code
Baldwin NY 11510-3137

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

Name of Employer Louis Koch Insurance Agen-
cies Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706681

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Campion Commons

City State Zip Code
New Hartford NY 13413-0816

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

Name of Employer Scalzo, Zogby & Wittig Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706682

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Clark Gibson

Mailing Address PO BOX 2598

City State Zip Code
High Point NC 27261-2598

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

Name of Employer Jones & Peacock Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: 7706683

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Don L. Spharler

Mailing Address 506 S Main St

City Pine Bluff State AR Zip Code 71601-4328

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

Name of Employer: First Arkansas Insurance / Pine Bluff
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: 7706797
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
John W. McEvoy

Mailing Address PO Box 15001

City Casa Grande State AZ Zip Code 85230-5001

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

Name of Employer: M & O Agencies, Inc. dba The Mahoney G
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: 7706802
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Bradley C. Wilson

Mailing Address 4700 Spring St Ste 400

City La Mesa State CA Zip Code 91941-5275

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: 7706804
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael F. Keating

Mailing Address 10 Arapahoe Rd

City State Zip Code
West Hartford CT 06107-2701

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

Name of Employer Michael J. Keating Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706807

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Garrett A. Fleming, III

Mailing Address 1115 W 3rd Ave

City State Zip Code
Albany GA 31707-3659

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

Name of Employer Fleming Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706823

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Clinton Ivy

Mailing Address 1115 W 3rd Ave

City State Zip Code
Albany GA 31707-3659

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

Name of Employer Fleming Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706831

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 124
(check only one)

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

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

A.

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

Mailing Address 214 Andrews St

City State Zip Code
Rossville GA 30741-1603

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

Name of Employer Flegal Insurance, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706836

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark L. Andreasen

Mailing Address 30 East 2nd South

City State Zip Code
Soda Springs ID 83276-1408

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

Name of Employer Mountain States Insurance Group inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706842

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Tim Obenchain

Mailing Address 264 Main Ave S

City State Zip Code
Twin Falls ID 83301-6232

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

Name of Employer Obenchain Insurance Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706843

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Brian M. McSherry

Mailing Address 209 W Madison

City State Zip Code
Pontiac IL 61764-1812

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

Name of Employer Occupation
McSherry Agency, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706845

Amount of Each Receipt this Period
1300.00

B.

Full Name (Last, First, Middle Initial)

Dale Chaffin

Mailing Address 3006 Broadway Avenue

City State Zip Code
Hays KS 67601-1916

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

Name of Employer Occupation
Insurance Planning, Inc. Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706867

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Lonny Claycamp

Mailing Address 3006 Broadway Avenue

City State Zip Code
Hays KS 67601-1916

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

Name of Employer Occupation
Insurance Planning, Inc. Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2009

Transaction ID: 7706868

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rudy B. Laris, Sr

Mailing Address 810 Crescent Ave

City Lockport State LA Zip Code 70374-2953

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 7706874
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 612 S Creyts Rd Ste B

City Lansing State MI Zip Code 48917-8266

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

Name of Employer Simmon Insurance Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 7706881
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Larry L. Brustad

Mailing Address 3309 CASCO CIRCLE

City WAYZATA State MN Zip Code 55391-9718

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

Name of Employer Advance Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 7706884
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Strande		Date of Receipt MM / DD / YYYY 03 / 05 / 2009		
	Mailing Address 5241 Viking Dr		Transaction ID: 7706885		
	City Minneapolis	State MN	Zip Code 55435-5313	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Advance Insurance Agency		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mark F. Calhoun		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address P O Box 10265		Transaction ID: 7707058		
	City Birmingham	State AL	Zip Code 35202-0265	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer McGriff, Seibels & Williams, Inc.		Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Penn G. Holman		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 3655 N Point Pkwy Ste 425		Transaction ID: 7707064		
	City Alpharetta	State GA	Zip Code 30005-8889	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Holman and Company		Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard R Price

Mailing Address 580 N Western Ave

City State Zip Code
Lake Forest IL 60045-5312

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

Name of Employer Paul T Price & Son, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 7707068

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 303 Watson Powell Jr Way

City State Zip Code
Des Moines IA 50309-1724

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 7707292

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 207 Isabella Street

City State Zip Code
Radcliffe IA 50230-7712

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

Name of Employer Drake Insurance & Financial Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 7707295

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Roscoe A. Bolton		Date of Receipt	
	Mailing Address 3130 Jackson St		M M / D D / Y Y Y Y Y 03 / 06 / 2009	
	City	State	Zip Code	Transaction ID: 7707301
	Alexandria	LA	71301-4746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Alexander & Bolton, Inc		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Richard B. Deming		Date of Receipt	
	Mailing Address PO Box 1800		M M / D D / Y Y Y Y Y 03 / 06 / 2009	
	City	State	Zip Code	Transaction ID: 7707378
	Bozeman	MT	59771-1800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer First West, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) J. Perry Wolfe		Date of Receipt	
	Mailing Address 1009 Main St		M M / D D / Y Y Y Y Y 03 / 06 / 2009	
	City	State	Zip Code	Transaction ID: 7707381
	Miles City	MT	59301-3409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Montana Insurance Managers Miles City		Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Kathy Held

Mailing Address 118 S 2nd

City Elgin State NE Zip Code 68636-4409

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

Name of Employer TEC Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 7707382

Amount of Each Receipt this Period 400.00

B.

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

Mailing Address 7602 Pacific Street # 201

City Omaha State NE Zip Code 68114-5405

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

Name of Employer Insurance Planning Associates LLP Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 7707384

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Thom Turbett

Mailing Address 1511 University Blvd NE

City Albuquerque State NM Zip Code 87102-1708

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

Name of Employer Ind Ins Agts of New Mexico Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 7707388

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Angela Vasquez

Mailing Address 313 N Canyon St

City State Zip Code
Carlsbad NM 88220-5866

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

Name of Employer
Carlsbad Insurance Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 7707389

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Edgar J. Higgins, Jr

Mailing Address 853 James St

City State Zip Code
Clayton NY 13624-1415

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

Name of Employer
Thousand Islands Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 7707959

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Susan Hirschfeld-Mohr

Mailing Address 326 New York Ave

City State Zip Code
Huntington NY 11743-3340

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

Name of Employer
J. W. Hirschfeld Agency, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 7707960

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Steve R. Bain		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address P O Box 2016		Transaction ID: 7707988		
	City Bismarck	State ND	Zip Code 58502-2016	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bain Agency Inc	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

B.	Full Name (Last, First, Middle Initial) Dana D. Groome		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 400 Main St		Transaction ID: 7707994		
	City Conway	State SC	Zip Code 29526-4308	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Peoples Underwriters, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) William E Harrison, Jr		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 70 NE Loop 410 Ste 520		Transaction ID: 7707996		
	City San Antonio	State TX	Zip Code 78216-5842	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Insurance Partne- rs	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Frank Swingle, Jr

Mailing Address 13760 Noel Rd Ste 600

City State Zip Code
Dallas TX 75240-1381

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

Name of Employer Swingle, Collins & Associates
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 7707997

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
David Boedker, Sr.

Mailing Address 1995 Point Township Drive

City State Zip Code
Northumberland PA 17857-8856

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

Name of Employer Keystone Insurers Group
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 7723069

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Jack Bennett

Mailing Address 3260 North Hayden Road # 112

City State Zip Code
Scottsdale AZ 85251-6650

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

Name of Employer Bennett and Porter Insurance Services
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 7732348

Amount of Each Receipt this Period
250.00

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: PAGE 27 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth Kirk

Mailing Address 2800 N Central Ste 1600

City State Zip Code
Phoenix AZ 85004-1047

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

Name of Employer: Brown & Brown of Arizona, Inc.
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 7732350

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Kevin M. Baker

Mailing Address 5300 Stevens Creek Blvd 3rd FL

City State Zip Code
San Jose CA 95129-1032

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

Name of Employer: Suhr Risk Services of California Insur
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 7732352

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard E. Dinger

Mailing Address 3923 Foothill Blvd

City State Zip Code
La Crescenta CA 91214-1621

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

Name of Employer: Crescenta Valley Insurance
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 7732356

Amount of Each Receipt this Period
1000.00

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: PAGE 28 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Raymund M Haddock

Mailing Address 287 Century Circle Suite 101

City State Zip Code
Louisville CO 80027-1684

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

Name of Employer
Haddock Insurance Agency Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: 7732361

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Troy D. Sibelius

Mailing Address 1777 S Harrison St # 700

City State Zip Code
Denver CO 80210-3932

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

Name of Employer
Keller Lowry Insurance, Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: 7732363

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Paul N. Rohrabough

Mailing Address 1100 Circle 75 Parkway Ste 140

City State Zip Code
Atlanta GA 30339-3024

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

Name of Employer
TRC Insurance Services Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: 7732388

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ash L. Smith		Date of Receipt MM / DD / YYYY 03 / 10 / 2009		
	Mailing Address 245 Davis Rd		Transaction ID: 7732391		
	City Augusta	State GA	Zip Code 30907-2407	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Blanchard & Calhoun Insur- ance Agency.	Occupation Account Executive, VP	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Scott Morningstar		Date of Receipt MM / DD / YYYY 03 / 10 / 2009		
	Mailing Address 181 Adams Ave		Transaction ID: 7732406		
	City Lisbon	State IA	Zip Code 52253-8535	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lisbon Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) William P. Simons, III		Date of Receipt MM / DD / YYYY 03 / 10 / 2009		
	Mailing Address 910 17th St NW 9th Fl		Transaction ID: 7732409		
	City Washington	State DC	Zip Code 20006-2601	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rust Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert J. Ricketts		Date of Receipt
	Mailing Address 13177 W Parsimmon Ln Ste 100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Boise	ID	83713-1986
	FEC ID number of contributing federal political committee. C		Transaction ID: 7732414
Name of Employer Ricketts and Associates, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Luke F. Praxmarer		Date of Receipt
	Mailing Address 25 Northwest Point Blvd # 625		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Elk Grove Village	IL	60007-1033
	FEC ID number of contributing federal political committee. C		Transaction ID: 7732417
Name of Employer Corkill Insurance Agency Inc		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
		<input type="text"/> 2500.00	

C.	Full Name (Last, First, Middle Initial) Mike Wojcik		Date of Receipt
	Mailing Address 10320 Orland Pkwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Orland Park	IL	60467-5627
	FEC ID number of contributing federal political committee. C		Transaction ID: 7732419
Name of Employer The Horton Group, Inc		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrew L. Beauchamp

Mailing Address 311 South Buffalo St

City Warsaw State IN Zip Code 46580-4304

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

Name of Employer Morrison Galliner, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: 7732421
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Paul W. Pohlson

Mailing Address 715 5th Ave

City Grinnell State IA Zip Code 50112-1604

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

Name of Employer Ramsey Weeks, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: 7732423
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
John David Daniel

Mailing Address 7656 Jefferson Hwy Ste 2A

City Baton Rouge State LA Zip Code 70809-1390

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

Name of Employer Daniel & Euštis, LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: 7732428
 Amount of Each Receipt this Period: 1500.00

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 32 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Roger L. Stoor		Date of Receipt																					
	Mailing Address 199 Lind Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	0		2	0	0	9														
	City State Zip Code Crystal Falls MI 49920-9691		Transaction ID: 7732430																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Lud Stoor Agency, Inc. Occupation Owner		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 500.00																						

B.	Full Name (Last, First, Middle Initial) Myron O. Larson		Date of Receipt																					
	Mailing Address 415 Broadway		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	0		2	0	0	9														
	City State Zip Code Alexandria MN 56308-1420		Transaction ID: 7732432																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Larson Insurance Occupation Chairman		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Larry McGillis		Date of Receipt																					
	Mailing Address 713 Parke Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	0		2	0	0	9														
	City State Zip Code Portland ND 58274-4003		Transaction ID: 7732437																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Mayport Insurance & Realty Occupation Owner		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 500.00																						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Craig Oksol

Mailing Address P O Box 1386

City Williston State ND Zip Code 58802-1386

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

Name of Employer Manger Insurance, Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 7732439

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Heather Minkler

Mailing Address 102 Main St

City Keene State NH Zip Code 03431-3736

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

Name of Employer Clark-Mortenson Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 7732444

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
David R. Bauer

Mailing Address 500 New Karner Rd 2nd Floor

City Albany State NY Zip Code 12205-3857

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 7732448

Amount of Each Receipt this Period 1500.00

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: PAGE 34 / 124
(check only one)

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

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

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

A.

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

Mailing Address 300 West Arrington Suite 100

City Farmington State NM Zip Code 87401-8432

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

Name of Employer Kysar Insurance Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2009
Transaction ID: 7732452
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
George Shaffer

Mailing Address 4910 Alameda Blvd NE

City Albuquerque State NM Zip Code 87113-1736

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

Name of Employer Market Finders, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2009
Transaction ID: 7732455
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
George D. Yates

Mailing Address 78 Main Street

City East Hampton State NY Zip Code 11937-2730

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

Name of Employer E. T. Dayton Inc. dba Dayton Ritz & Os Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2009
Transaction ID: 7732457
Amount of Each Receipt this Period 1000.00

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 35 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
David E. Bates

Mailing Address 549 Hope St

City Bristol State RI Zip Code 02809-1832

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

Name of Employer A N Nunes Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 7732458

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 300 W Harrison St

City Dillon State SC Zip Code 29536-3312

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

Name of Employer Braddy Insurance, Inc Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 7732459

Amount of Each Receipt this Period 1500.00

C.

Full Name (Last, First, Middle Initial)
Mary Foy Kirkland

Mailing Address 243 E Barbour St

City Eufaula State AL Zip Code 36027-1601

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

Name of Employer Young Johnston & Associates, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 7740406

Amount of Each Receipt this Period 250.00

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 36 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Howell F. Wallace, Jr

Mailing Address 4 Village Square

City State Zip Code
Smyrna DE 19977-1852

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

Name of Employer Pratt Insurance, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7740412

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 707 Pennsylvania Ave Ste 1300

City State Zip Code
Altamonte Springs FL 32701-6471

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

Name of Employer Insurance By Ken Brown, Inc. Occupation Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7740415

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 390 Pondella Road # 1

City State Zip Code
North Fort Myers FL 33903-4340

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

Name of Employer Lee County Insurance Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7740417

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Joseph B. Lane

Mailing Address P O Box 1179

City

Deland

State

FL

Zip Code

32721-1179

FEC ID number of contributing federal political committee.

C

Name of Employer
Lane Insurance, Inc.

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 7740428

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James Mathews

Mailing Address 108 N Court St

City

Calhoun

State

GA

Zip Code

30701-2230

FEC ID number of contributing federal political committee.

C

Name of Employer
Starr Mathews Agency, Inc

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 7740434

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lynn W. Mathis

Mailing Address 2009 Montreal Rd

City

Tucker

State

GA

Zip Code

30084-5227

FEC ID number of contributing federal political committee.

C

Name of Employer
Williams Turner & Mathis,
Inc.

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 7740435

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
George Dahlinger

Mailing Address 1216 12th Ave South

City State Zip Code
Nampa ID 83651-4665

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

Name of Employer Occupation
Dahlinger & Co Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7740436

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 206 E Mazon Ave

City State Zip Code
Dwight IL 60420-1136

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

Name of Employer Occupation
William J Hooker Agency, Inc. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7740438

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kirk Huisenga

Mailing Address 603 2nd Ave

City State Zip Code
Sibley IA 51249-1637

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

Name of Employer Occupation
Huisenga-Pearson Agency, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7740454

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Eldon Hunsicker

Mailing Address 219 W 4th

City Ottumwa State IA Zip Code 52501-2513

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

Name of Employer NOEL Insurance, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 7740455
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Marc F. Eagan

Mailing Address PO Box 8590

City Metairie State LA Zip Code 70011-8590

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 7740463
Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address 12800 Lake Blvd

City Lindstrom State MN Zip Code 55045-9345

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

Name of Employer Stein Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 7740478
Amount of Each Receipt this Period: 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph Falcone		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 901 Lodi St		Transaction ID: 7740485		
	City Syracuse	State NY	Zip Code 13203-2259	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dominick Falcone Agency, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) John K. Mulvey		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 100 Motor Pkwy Ste 160		Transaction ID: 7740487		
	City Hauppauge	State NY	Zip Code 11788-5174	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Smithtown Ins Age- nts & Brokers	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Michael J. Swenton		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 2738 E 51st St # 400		Transaction ID: 7740488		
	City Tulsa	State OK	Zip Code 74105-6227	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rich & Cartrmill, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Norman F Basso

Mailing Address York Executive Center
2555 Kingston Rd Ste 100

City York State PA Zip Code 17402-3780

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

Name of Employer E K McConkey & Company Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009
Transaction ID: 7740490
Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 26670 N Telegraph Rd

City Flat Rock State MI Zip Code 48134-1655

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

Name of Employer Frost & Remer Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 7741141
Amount of Each Receipt this Period: 260.00

C.

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

Mailing Address 100 W Peach St

City El Dorado State AR Zip Code 71730-5611

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

Name of Employer CMI Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 15 / 2009
Transaction ID: 7744341
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **610.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 124
(check only one)

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

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

A.

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

Mailing Address 807 Arizona Ave

City State Zip Code
Santa Monica CA 90401-1805

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

Name of Employer
White & Company Insurance, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 7744342

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Madelyn Flannagan

Mailing Address 127 South Peyton Street

City State Zip Code
Alexandria VA 22314-2879

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

Name of Employer
Independent Insurance Age-
nts & Brokers

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 7744345

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
James J. Byrnes, III

Mailing Address 77 cady lane

City State Zip Code
Woodstock CT 06281-1800

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

Name of Employer
Byrnes Agency, Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 7744350

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Tom Helbach		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 306 Water St		Transaction ID: 7744357
City Mosinee	State WI	Zip Code 54455-1458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mosinee Insurance Agency, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) William D. Adams		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 950 17th St # 1000		Transaction ID: 7744501
City Denver	State CO	Zip Code 80202-2819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ISU Insurance Services of Colorado, In	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Fred R. Lautenbach		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 5721 S Nevada St		Transaction ID: 7744502
City Littleton	State CO	Zip Code 80120-1916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lautenbach Insurance Agen- cy, LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
G Kevin Nemith

Mailing Address 20 East Division Street

City State Zip Code
Dover DE 19901-7366

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

Name of Employer Occupation
CNC Insurance Associates President
Inc.

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7744503

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Veronica M Della Porta

Mailing Address 7807 Baymeadows Rd East Ste 301

City State Zip Code
Jacksonville FL 32256-9667

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

Name of Employer Occupation
The Della Porta Group, In- President
c.

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7744506

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 2717 W Bannock

City State Zip Code
Boise ID 83702-4759

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7744508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Mike Wojcik		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 10320 Orland Pkwy		Transaction ID: 7744510
City Orland Park	State IL	Zip Code 60467-5627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Horton Group, Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Raymond F. Fox		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 9265 Counselors Row Suite 108		Transaction ID: 7744511
City Indianapolis	State IN	Zip Code 46240-6402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fox and Fox, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Brett A. Schultheis		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 32 N Weinbach Ave		Transaction ID: 7744514
City Evansville	State IN	Zip Code 47711-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Schultheis Insurance Agen- cy, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Douglas S. Clift

Mailing Address 3537 S Kings Highway

City State Zip Code
Saint Louis MO 63139-1203

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

Name of Employer
Bowersox Insurance Agency Co.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 7744520

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ed Duvall

Mailing Address One Wall St

City State Zip Code
Windham NH 03087-1688

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

Name of Employer
Lakeside Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 7744522

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 135 S Broad St
Suite B

City State Zip Code
Woodbury NJ 08096-2441

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

Name of Employer
Cettei & Connell, Inc.

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 7744523

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin R. Crossley	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 1415 Kellum PI Ste 220	Transaction ID: 7744524
	City State Zip Code Garden City NY 11530-1695	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Club Agency Insurance Bro- kerage, LLC	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Harry W. Mattei	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 2065 Old Shell Rd	Transaction ID: 7744632
	City State Zip Code Mobile AL 36607-3350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Thames Batre Mattei Bevil- le & Ison	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Bill Sager	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 400 Bexar Ave W	Transaction ID: 7744633
	City State Zip Code Hamilton AL 35570-5522	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Your Insurance Centers, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Surita Savio Steinfeld

Mailing Address 800 Bethel St # 200

City State Zip Code
Honolulu HI 96813-4338

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

Name of Employer Occupation
Insurance Associates, Inc. Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7744636

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michel Vinet

Mailing Address 745 Fort Street Mall Ste 1000

City State Zip Code
Honolulu HI 96813-3809

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

Name of Employer Occupation
Insurance Factors Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7744637

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Henry E. Budnik

Mailing Address 7358 N Lincoln Ave
Suite 160

City State Zip Code
Lincolnwood IL 60712-1797

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

Name of Employer Occupation
The Lesser Agency Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 7744639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 124
(check only one)

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

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

A.

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

Mailing Address 109 W 1st St

City State Zip Code
O Fallon IL 62269-2051

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

Name of Employer
Warma Witter Kreisler & Associates, In

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 7744641

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address PO Box 850

City State Zip Code
Ringgold GA 30736-0850

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

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

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 7744643

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kenan L Schultheis

Mailing Address 32 N Weinbach Ave

City State Zip Code
Evansville IN 47711-6004

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

Name of Employer
Schultheis Insurance Agen-
cy, Inc.

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 7744647

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Terry O. Ewing

Mailing Address 750 Celebrity Drive

City Ruston State LA Zip Code 71270-3875

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

Name of Employer Louisiana Insurance Servi-
ces, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009
Transaction ID: 7744705
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Edwin S. Robinson

Mailing Address 3111 Ryan Street

City Lake Charles State LA Zip Code 70601-8514

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

Name of Employer Insurance Unlimited of LA,
Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2009
Transaction ID: 7744706
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Glen Robison

Mailing Address 430 Eraste Landry Rd

City Lafayette State LA Zip Code 70506-2324

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

Name of Employer Brokers-Givens Insurance,
Inc. Occupation Co-Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009
Transaction ID: 7744707
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Don Pierce		Date of Receipt	
	Mailing Address 18118 Mack Avenue		M M / D D / Y Y Y Y Y 03 / 16 / 2009	
	City	State	Zip Code	Transaction ID: 7744712
	Grosse Pointe	MI	48230-6237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Donald K Pierce & Company		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) John J. Vandenbossche		Date of Receipt	
	Mailing Address 18400 East Nine Mile Rd		M M / D D / Y Y Y Y Y 03 / 16 / 2009	
	City	State	Zip Code	Transaction ID: 7744713
	Eastpointe	MI	48021-1962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Davis Vandenbossche Agency Inc		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Belinda Brenizer		Date of Receipt	
	Mailing Address 103 North First Street		M M / D D / Y Y Y Y Y 03 / 16 / 2009	
	City	State	Zip Code	Transaction ID: 7744717
	Edina	MO	63537-1125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Hawkins Insurance Group		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jo Ann Evans

Mailing Address 303 W Third St

City Carthage State MO Zip Code 64836-1735

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

Name of Employer Beimdick Insurance Agency, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 7744722

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mollie Wells

Mailing Address 1917 Lone Trail Lane

City Chesterfield State MO Zip Code 63017-5006

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

Name of Employer AHM Financial Group Occupation SR. V.P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 7744726

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Brian K. Bassett

Mailing Address 2203 Osborne Dr West

City Hastings State NE Zip Code 68901-9109

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

Name of Employer Ellerbrock-Norris Insurance Agency Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 7744727

Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sandra T. Blain

Mailing Address 2205 Abbeywood

City Lexington State KY Zip Code 40515-1157

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

Name of Employer Al Torstrick Insurance Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 7744744

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Frank Richard

Mailing Address 342 Park Ave

City Woonsocket State RI Zip Code 02895-5360

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

Name of Employer Esten & Richard Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 7744748

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Larry G Joyner

Mailing Address 2000 E Main St

City Spartanburg State SC Zip Code 29307-1428

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

Name of Employer C W S Insurance Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 7744749

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Wilson W. Stiles

Mailing Address 214 Andrews St

City State Zip Code
Rossville GA 30741-1603

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

Name of Employer Occupation
Flegal Insurance, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: 7749826

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Kevin Jackson

Mailing Address 2009 Montreal Rd

City State Zip Code
Tucker GA 30084-5227

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: 7749833

Amount of Each Receipt this Period
110.00

C. Full Name (Last, First, Middle Initial)
Jay Ison, Jr.

Mailing Address 2065 Old Shell Rd

City State Zip Code
Mobile AL 36607-3350

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

Name of Employer Occupation
Thames Batre Mattei Bevil- le & Ison Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 7762365

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **410.00**

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 55 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

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

Mailing Address 245 W Broadway

City State Zip Code
West Memphis AR 72301-3903

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

Name of Employer Guaranty Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2009

Transaction ID: 7762366

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Dodds

Mailing Address 196 S Fir St

City State Zip Code
Ventura CA 93001-2842

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

Name of Employer TWIW Insurance Services, LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2009

Transaction ID: 7762369

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Patricia A. Baker

Mailing Address 538 Main St

City State Zip Code
Gooding ID 83330-1332

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

Name of Employer Baker Insurance Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2009

Transaction ID: 7762373

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 124

(check only one)

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

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

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

A.

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

Mailing Address 221 Park St

City Sheldon State IA Zip Code 51201-1152

FEC ID number of contributing federal political committee. C

Name of Employer Perspective Insurance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 7762386

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 515 Main St

City Keokuk State IA Zip Code 52632-5449

FEC ID number of contributing federal political committee. C

Name of Employer KSB Insurance Services Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 7762387

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Richard Clements

Mailing Address 206 W Judge Perez Dr

City Chalmette State LA Zip Code 70043-4902

FEC ID number of contributing federal political committee. C

Name of Employer Clements Insurance Servic-
es, LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 7762388

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael W. Johnson		Date of Receipt MM / DD / YYYY 03 / 19 / 2009		
	Mailing Address 302 Main St		Transaction ID: 7762395		
	City Mapleton	State MN	Zip Code 56065	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer M & M Insurance Agency of Mapleton Inc		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) J David Ferris		Date of Receipt MM / DD / YYYY 03 / 19 / 2009		
	Mailing Address 2333 N Triphammer Rd Village Office Campus Ste 501		Transaction ID: 7762875		
	City Ithaca	State NY	Zip Code 14850-1082	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer P. W. Wood & Son, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Bruce Wichmann		Date of Receipt MM / DD / YYYY 03 / 19 / 2009		
	Mailing Address 231 Salina Meadows Pkwy		Transaction ID: 7762876		
	City Syracuse	State NY	Zip Code 13212-4559	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Haylor Freyer & Coon, Inc.		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Jack Puckett

Mailing Address 67 Creekside Park Ct

City Greenville State SC Zip Code 29615-4810

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

Name of Employer Capstone Insurance Services, LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 7762883

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Bill Henry

Mailing Address 12700 Park Central Dr 17th Fl

City Dallas State TX Zip Code 75251-1500

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

Name of Employer McQueary Henry Bowles Troy LLP Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 7762889

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 102 Main St

City Keene State NH Zip Code 03431-3736

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

Name of Employer Clark-Mortenson Agency, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 7763484

Amount of Each Receipt this Period 2500.00

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 59 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Keith Horton		Date of Receipt MM / DD / YYYY 03 / 23 / 2009		
	Mailing Address 703 Forrest Ave		Transaction ID: 7765118		
	City East Brewton	State AL	Zip Code 36426-2520	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Horton's Insurance Agency, LLC	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Ronald Rhensing		Date of Receipt MM / DD / YYYY 03 / 23 / 2009		
	Mailing Address 8315 Cantrell Road Ste 300		Transaction ID: 7765119		
	City Little Rock	State AR	Zip Code 72227-2357	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ramsey KRVG Farrell & Lending Div. of	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Joan A Haddock		Date of Receipt MM / DD / YYYY 03 / 23 / 2009		
	Mailing Address 287 Century Circle Suite 101		Transaction ID: 7765121		
	City Louisville	State CO	Zip Code 80027-1684	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Haddock Insurance Agency	Occupation President	Aggregate Year-to-Date 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Edward J. Desaulnier

Mailing Address 16 Pomfret Street

City Putnam State CT Zip Code 06260-1934

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

Name of Employer Gerardi Insurance Service, Inc. Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 7765122
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Omar S. Farhat

Mailing Address 4828 Blanding Blvd Ste 1

City Jacksonville State FL Zip Code 32210-7390

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

Name of Employer All Lines Insurance Agency Inc. Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 7765123
Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Bryan R Burke

Mailing Address 1100 Brampton Ave Ste M

City Statesboro State GA Zip Code 30458-0871

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 7765124
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John Spann III

Mailing Address 710 Thompson Lane

City Nashville State TN Zip Code 37204-3610

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

Name of Employer Spann Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 7765125

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
D Gary Archibald

Mailing Address 135 W Main

City Rexburg State ID Zip Code 83440-1826

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

Name of Employer Archibald Insurance Center Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 7765127

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 538 Main St

City Gooding State ID Zip Code 83330-1332

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 7765128

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Keith M Verisario

Mailing Address 1401 E Oakton St

City State Zip Code
Des Plaines IL 60018-2171

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

Name of Employer All-Security Insurance Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 7765129

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Terry D. Mayfield

Mailing Address 50 S Madison St

City State Zip Code
Mooreville IN 46158-1656

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

Name of Employer Mayfield Insurance, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 7765131

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John W. Braut

Mailing Address 111 Main Street

City State Zip Code
Scobey MT 59263-0150

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

Name of Employer Wolfe-Daniels Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 7765135

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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 63 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Charlie T. Brown		Date of Receipt	
	Mailing Address 204 St Francis St		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: 7765139
	Kennett	MO	63857-1953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Baker Welman Brown Insurance		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) David Wyrsh, Sr		Date of Receipt	
	Mailing Address 12800 Long Beach Blvd		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: 7765141
	Long Beach Townshi	NJ	08008-2839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1100.00	
Name of Employer Van Dyk Group		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		

C.	Full Name (Last, First, Middle Initial) Robert B. Loiselle		Date of Receipt	
	Mailing Address 279 Dexter St		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: 7765146
	Pawtucket	RI	02860-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Loiselle Insurance Agency		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Myron Mitchell

Mailing Address 91 Tollgate Rd

City Warwick State RI Zip Code 02886-4468

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 7765147

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Tommy Adams

Mailing Address 1007 State St

City Bowling Green State KY Zip Code 42101-2652

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

Name of Employer Charles M. Moore Insurance Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 7765148

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 530 Calhoun Street

City Johnston State SC Zip Code 29832-1102

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

Name of Employer Derrick Insurance Agency Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 7765149

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Kathy D. McKay

Mailing Address 1220 Ben Sawyer Blvd # OP

City State Zip Code
Mt Pleasant SC 29464-4581

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

Name of Employer Occupation
McKay Stelling & Assocs President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 7765150

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
James L Rippy

Mailing Address 315 S Second St

City State Zip Code
Union City TN 38261-3825

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

Name of Employer Occupation
Westan Group, Inc. dba Union City Insu Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 7765152

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ashley Brady

Mailing Address 204 N Main St

City State Zip Code
Marion SC 29571-3026

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

Name of Employer Occupation
First Charter Company, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2009

Transaction ID: 7765281

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **1270.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Neil T. Annas
Mailing Address 1460 May Road
City State Zip Code
Granite Falls NC 28630-9230
FEC ID number of contributing federal political committee. **C**
Name of Employer Granite Insurance Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1010.00
Date of Receipt 03 / 24 / 2009
Transaction ID: 7765289
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Richard Barber
Mailing Address 321 N Market St
City State Zip Code
Washington NC 27889-4933
FEC ID number of contributing federal political committee. **C**
Name of Employer Morris Insurance Agency, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
Date of Receipt 03 / 24 / 2009
Transaction ID: 7765290
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Donald C. Evans
Mailing Address 4625 Main St
City State Zip Code
Shallotte NC 28470-4453
FEC ID number of contributing federal political committee. **C**
Name of Employer Coastal Insurance Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2510.00
Date of Receipt 03 / 24 / 2009
Transaction ID: 7765298
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 124
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
James E. Harrill

Mailing Address 221 W 11th St

City State Zip Code
Charlotte NC 28202-1715

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

Name of Employer Occupation
Martin & Harrill, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 7765303

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Charlotte S. S Hicks, CPA, CIC,

Mailing Address 1213 Culbreth Dr Ste 130

City State Zip Code
Wilmington NC 28405-3639

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

Name of Employer Occupation
Glasgow Hicks Company President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 7765305

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Jackie F. Ireland, Jr.

Mailing Address 412 St Marys Street

City State Zip Code
Raleigh NC 27605-1734

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

Name of Employer Occupation
Anders, Ireland & Marshal-
l, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 7765306

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 124
(check only one)

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

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

A.

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

Mailing Address 1121 Pee Dee Avenue

City State Zip Code
Albemarle NC 28001-5103

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

Name of Employer
Albemarle Insurance Agenc-
y, Inc. Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 7765307

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Rives Manning, Jr

Mailing Address 737 Franklin St

City State Zip Code
Roanoke Rapids NC 27870-2515

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

Name of Employer
McCoy-Hackney Insurance
Agency, Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 7765308

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Al Masella

Mailing Address 919 Kildaire Farm Road

City State Zip Code
Cary NC 27511-3935

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

Name of Employer
Insurance Professionals,
Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 7765309

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 124
(check only one)

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

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

A.

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

Mailing Address 921 S McPherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Independent Insurance Gro-
up, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 24 / 2009
Transaction ID: 7765313
Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 214 Andrews St

City Rossville State GA Zip Code 30741-1603

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

Name of Employer Agency Service Group, Inc.
dba Flegal Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 7765346
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Scott R. Clark

Mailing Address 5500 Euper Ln

City Fort Smith State AR Zip Code 72903-3234

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

Name of Employer Brown-Hiller-Clark & Asso-
ciates Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 25 / 2009
Transaction ID: 7765876
Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1620.00

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 70 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Allan Meadors		Date of Receipt
	Mailing Address 101 S Spring Ste 400		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Little Rock	AR	72201-2455
	FEC ID number of contributing federal political committee. C		Transaction ID: 7765880
Name of Employer Meadors, Adams & Lee, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Fred Fruchthendler		Date of Receipt
	Mailing Address 3113 E First St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tucson	AZ	85716-4202
	FEC ID number of contributing federal political committee. C		Transaction ID: 7765882
Name of Employer Jacob C. Fruchthendler & Company/Palle		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) William E. Beckham		Date of Receipt
	Mailing Address 2500 NW 79 Ave Ste 101		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Doral	FL	33122-1071
	FEC ID number of contributing federal political committee. C		Transaction ID: 7765885
Name of Employer Brown & Brown Insurance - HBA Division		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Keith Carroll		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 2160 NE Dixie Hwy		Transaction ID: 7765886		
	City Jensen Beach	State FL	Zip Code 34957-6490	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rick Carroll Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Joe Filer		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 9440 Sw 77th Ave		Transaction ID: 7765887		
	City Miami	State FL	Zip Code 33156-7903	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Filer Insurance Inc	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Jeff Schlitt		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 1717 Indian River Blvd Ste 300		Transaction ID: 7765902		
	City Vero Beach	State FL	Zip Code 32960-0864	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Schlitt Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert P. Holman

Mailing Address 3655 N Point Pkwy Ste 425

City State Zip Code
Alpharetta GA 30005-8889

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

Name of Employer: Holman and Company Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: 7765904
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Bob Monk

Mailing Address 126 North Isabella St

City State Zip Code
Sylvester GA 31791-2158

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

Name of Employer: Worth Insurance Agency, Inc. Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: 7765905
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Bill Skeeles

Mailing Address 1100 Circle 75 Parkway Ste 140

City State Zip Code
Atlanta GA 30339-3024

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

Name of Employer: TRC Insurance Services Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: 7765906
 Amount of Each Receipt this Period: 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Glenn P. Smith

Mailing Address 3415 Paoli Pike

City State Zip Code
Floyds Knobs IN 47119-9702

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

Name of Employer
Callistus Smith Agency, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 7765911

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lynn A. Salinas

Mailing Address 142 N Main St

City State Zip Code
Ewart MI 49631-5104

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

Name of Employer
Taylor Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 7765917

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
William H. Goeman

Mailing Address 22 W Center Ave

City State Zip Code
Clara City MN 56222-0750

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

Name of Employer
Goeman Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 7765922

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robin M. Nelson	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 104 Main St SW	Transaction ID: 7765928
	City Ronan State MT Zip Code 59864-2703	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bishop Insurance Service of Ronan, Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Douglas R. Steffensmeier	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 201 Main St	Transaction ID: 7765930
	City Beemer State NE Zip Code 68716-4214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Steffensmeier Insurance Agency	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jeanne M. Heisler	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 241 Brick Blvd	Transaction ID: 7765933
	City Brick State NJ Zip Code 08723-7167	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ronan Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 75 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
David M Borg

Mailing Address 148 E Main St

City State Zip Code
Huntington NY 11743-7902

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

Name of Employer Occupation
Borg & Borg Inc Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: 7765938

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Richard Howland

Mailing Address 231 Salina Meadows Pkwy

City State Zip Code
Syracuse NY 13212-4559

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

Name of Employer Occupation
Haylor Freyer & Coon, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: 7765940

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
David B. Hazen

Mailing Address 542 E State St

City State Zip Code
Salem OH 44460-2933

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

Name of Employer Occupation
Huntington Insurance Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: 7765941

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tod E. Aronson

Mailing Address 1 Gateway Center Ste 400
420 Fort Duquesne Blvd

City Pittsburgh State PA Zip Code 15229-1956

FEC ID number of contributing federal political committee. C

Name of Employer E R Munro and Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2009
Transaction ID: 7765943

Amount of Each Receipt this Period 500.00

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

Mailing Address 4605 Oleander Dr Ste D

City Myrtle Beach State SC Zip Code 29577-5739

FEC ID number of contributing federal political committee. C

Name of Employer John T. Cook & Associates, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2009
Transaction ID: 7765954

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
David Cyphers

Mailing Address 214 S Main St

City Clover State SC Zip Code 29710-1421

FEC ID number of contributing federal political committee. C

Name of Employer Sifford Stine Insurance Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2009
Transaction ID: 7765955

Amount of Each Receipt this Period 250.00

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 77 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles S Dorton		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2009		
	Mailing Address 1320 Elmwood Ave		Transaction ID: 7765956		
	City Columbia	State SC	Zip Code 29201-2160	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Russell-Massey & Company, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Lee Ellis		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2009		
	Mailing Address 701 First Street West		Transaction ID: 7765957		
	City Hampton	State SC	Zip Code 29924-3507	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ellis Realty & Insurance Agency, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) John L Paul		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2009		
	Mailing Address 3491 Shelby Ray Court		Transaction ID: 7765960		
	City Charleston	State SC	Zip Code 29414-5838	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anderson Insurance Associates, LLC		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 / 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Alan K Kinney, Jr		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 307 Route 2		Transaction ID: 7765970		
	City South Hero	State VT	Zip Code 05486-4213	Amount of Each Receipt this Period 3150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kinney Insurance Agency	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
3150.00

B.	Full Name (Last, First, Middle Initial) Tracy Johnson		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 2001 6th Ave Ste 2717 The Westin Bldg		Transaction ID: 7765972		
	City Seattle	State WA	Zip Code 98121-2521	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rogers & Norman, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) Frederick Thomas		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 330 E Kilbourn Ave Ste 650		Transaction ID: 7765973		
	City Milwaukee	State WI	Zip Code 53202-3175	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Robertson-Ryan & Associates Inc	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional)	3650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Howard Jaeger

Mailing Address 9110 Mendenhall Mall Rd # 3

City State Zip Code
Juneau AK 99801-7159

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

Name of Employer
Shattuck & Grummett Insur-
ance

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7767216

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeff Block

Mailing Address 216 W Emerson

City State Zip Code
Paragould AR 72450-4364

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

Name of Employer
M. F. Block Insurance, In-
c.

Occupation
President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7767217

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Adrian W. Luttrell

Mailing Address 6800 Isaacs Orchard Rd

City State Zip Code
Springdale AR 72762-6096

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

Name of Employer
Walker Brothers Insurance,
Inc.

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7767218

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Bill McGhee

Mailing Address 1111 S Bowman Rd Ste B4

City State Zip Code
Little Rock AR 72211-3766

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7767219

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

William F. Hofmann, III

Mailing Address 258 Blanchard Rd

City State Zip Code
Belmont MA 02478-4005

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

Name of Employer Occupation
Provider Insurance Group, Insurance Agent
Inc.

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7767231

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Edward S. Mark

Mailing Address 119 S Exeter Ave

City State Zip Code
Exeter NE 68351-0098

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

Name of Employer Occupation
First National Insurance Insurance Agent
Agency, Inc.

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: 7767236

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Russ A. Swain		Date of Receipt
	Mailing Address 4455 S Pecos Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	Las Vegas	NV	89121-5029
	FEC ID number of contributing federal political committee. C		Transaction ID: 7767237
Name of Employer GLB Insurance Group of Nevada		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Alan J Benet		Date of Receipt
	Mailing Address 430 Center Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	Mamaroneck	NY	10543-2254
	FEC ID number of contributing federal political committee. C		Transaction ID: 7767238
Name of Employer A. J. Benet, Inc.		Occupation President/Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Jeffery Scherschligt		Date of Receipt
	Mailing Address 300 Cherapa Place STE 601		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	Sioux Falls	SD	57103-2277
	FEC ID number of contributing federal political committee. C		Transaction ID: 7767246
Name of Employer Howalt-McDowell Insurance, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert M. Trask, Jr

Mailing Address 108 W Broadway

City State Zip Code
Moses Lake WA 98837-1902

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

Name of Employer
Robert M. Trask Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: 7767247

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Charla J. Magee

Mailing Address 119 Broad St

City State Zip Code
Prescott WI 54021-1701

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

Name of Employer
Prescott Insurance Agency Inc

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: 7767248

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Berry Bishop

Mailing Address 1015 Caddo

City State Zip Code
Arkadelphia AR 71923-6248

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

Name of Employer
Alliance Insurance Group of Arkadelphi

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 7770664

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Sean Carroll

Mailing Address 1000 Lafayette Blvd # 808

City State Zip Code
Bridgeport CT 06604-4712

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

Name of Employer Occupation
Merit Insurance President

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: 7770666

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

B. Craig Thomson

Mailing Address 315 Main St

City State Zip Code
Franklin LA 70538-6120

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

Name of Employer Occupation
Hebert & Thomson Insurance Agency, Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: 7770671

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James E. Hamerski

Mailing Address 400 Professional Dr Ste 360

City State Zip Code
Gaithersburg MD 20879-3440

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

Name of Employer Occupation
Shannon & Luchs Insurance Agency, Inc. Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: 7770672

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Charles D. Sewich		Date of Receipt	
	Mailing Address PO Box 125		M M / D D / Y Y Y Y Y 03 / 30 / 2009	
	City	State	Zip Code	Transaction ID: 7770675
	Northfield	MN	55057-0170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Heartman Insurance		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Theresa J. Smith-Engell		Date of Receipt	
	Mailing Address 304 Nelson St		M M / D D / Y Y Y Y Y 03 / 30 / 2009	
	City	State	Zip Code	Transaction ID: 7770676
	Cambridge	NE	69022-3592	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer HomeTown Agency		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Raymond Taylor		Date of Receipt	
	Mailing Address 16 E 40th St Fl		M M / D D / Y Y Y Y Y 03 / 30 / 2009	
	City	State	Zip Code	Transaction ID: 7770677
	New York	NY	10016-0113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Taylor & Taylor Associates, Inc.		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	850.00
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 85 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
W Cloyce B. Anders

Mailing Address 412 St Marys Street

City Raleigh State NC Zip Code 27605-1734

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

Name of Employer Anders, Ireland & Marshal-
l, Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 7770692

Amount of Each Receipt this Period 2500.00

B.

Full Name (Last, First, Middle Initial)
Clifton Sneedeen

Mailing Address PO Box 469

City Brevard State NC Zip Code 28712-0469

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

Name of Employer Sneedeen, Melton & Associa-
tes, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 7770699

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 4444 Market St

City Youngstown State OH Zip Code 44512-1512

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

Name of Employer James & Sohns Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 7770701

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 124
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gloria Spivey

Mailing Address 122 S Main St

City Mullins State SC Zip Code 29574-3118

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

Name of Employer Howard B. Smith Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 7770703

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
J. Alan Alan Johnson

Mailing Address 300 Main St

City Madisonville State TN Zip Code 37354-1427

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

Name of Employer The Johnson Agency-Risk & Insurance Ma Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 7770715

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 4625 Main St

City Shallotte State NC Zip Code 28470-4453

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

Name of Employer Coastal Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 7771323

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles C Ball

Mailing Address 9500 S Dadeland Blvd Ste 200

City State Zip Code
Miami FL 33156-2866

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

Name of Employer InSource, Inc. Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 7771971

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph J. Piechura

Mailing Address 2430 W Oakland Park Blvd

City State Zip Code
Ft Lauderdale FL 33311-1424

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

Name of Employer Gateway Insurance Agency, LC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 7771975

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alex Soto

Mailing Address 9500 S Dadeland Blvd Ste 200

City State Zip Code
Miami FL 33156-2866

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

Name of Employer InSource, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 7771978

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Dan Browne		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 1111 Chicago Ave		Transaction ID: 7771980		
	City Oak Park	State IL	Zip Code 60302-1803	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Forest Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mike Miley		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 333 E Jefferson St		Transaction ID: 7771981		
	City Plymouth	State IN	Zip Code 46563-3662	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gibson Insurance Group	Occupation Account Executive	Aggregate Year-to-Date 1550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Ted E. Dyste		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 6465 Wayzata Blvd Ste 700		Transaction ID: 7771983		
	City Minneapolis	State MN	Zip Code 55426-1751	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dyste Williams Agency	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	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 89 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Janet Koinzan		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 520 S 2nd St		Transaction ID: 7771987		
	City Elgin	State NE	Zip Code 68636-3222	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Insurance Mart, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Marianne Speakman		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address 825 Georges Road		Transaction ID: 7771988		
	City North Brunswick	State NJ	Zip Code 08902-3357	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chibbaro Brothers, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Peter Burrous		Date of Receipt MM / DD / YYYY 03 / 30 / 2009		
	Mailing Address PO Box 899		Transaction ID: 7771989		
	City Charleston	State SC	Zip Code 29402-0899	Amount of Each Receipt this Period 166.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Johnson & Johnson, Inc. Mgrs. CMGA	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 332.00			

SUBTOTAL of Receipts This Page (optional)	666.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 90 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Scott Wheeler
Mailing Address 13500105 NC Hwy 50 210

City State Zip Code
Surf City NC 28445

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

Name of Employer Occupation
SFI Group Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: 7771991
Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Michael L. Miller
Mailing Address 709 E Main St

City State Zip Code
Jackson OH 45640-2130

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

Name of Employer Occupation
Sheward Ins Agcy Inc Owner

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: 7771992
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Rebecca H. McCormack
Mailing Address 800 Gracern Rd

City State Zip Code
Columbia SC 29210-7693

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

Name of Employer Occupation
Ind Ins Agts & Brokers of South Caroli Vice President

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: 7771999
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 124
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 84 Villa Road

City Greenville State SC Zip Code 29615-3052

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

Name of Employer Smart Choice Agents Progr-
am Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 7772001

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
L. Kay Howland

Mailing Address 302 West 5400 South Suite 101

City Murray State UT Zip Code 84107-8225

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

Name of Employer Beehive Insurance Agency
Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 7772003

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4153 Main St

City Chicago State IL Zip Code 60655

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

Name of Employer T A Cummings Jr Co Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 7823088

Amount of Each Receipt this Period
215.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 92 / 124	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dale Simmon		Date of Receipt																					
	Mailing Address 612 S Creyts Rd Ste B		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	2		2	0	0	9														
	City State Zip Code Lansing MI 48917-8266		Transaction ID: 7828603																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00																						
Name of Employer Simmon Insurance Agency, Inc.		Occupation President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00																						
				[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.-00																				

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	105971.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 424 C Street, NE, Basement Unit City Washington State DC Zip Code 20002 Purpose of Disbursement <input type="checkbox"/> 011 Candidate Name The Freedom Project Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 7744540 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Jobs, Economy and Budget Fund (JEB FUND) Mailing Address 7315 Wisconsin Avenue, Suite 705 E City Bethesda State MD Zip Code 20815 Purpose of Disbursement <input type="checkbox"/> 011 Candidate Name Jobs, Economy and Budget Fund (JEB FUND) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 7744543 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 3500.00
C.	Full Name (Last, First, Middle Initial) Growth and Prosperity PAC Mailing Address 1200 Trinity Drive City Alexandria State VA Zip Code 22314 Purpose of Disbursement <input type="checkbox"/> 011 Candidate Name Growth and Prosperity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 7744548 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

13500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Steny Hoyer for Congress <hr/> Mailing Address 4201 Northview Drive, Suite 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement 011 Candidate Name Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: 7744549 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) Majority Committee PAC <hr/> Mailing Address P.O. Box 10134 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 7744550 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Heller For Congress <hr/> Mailing Address P.O. Box 750850 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02	Transaction ID: 7744551 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; width: 100%;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address PO Box 21027 <hr/> City Washington State DC Zip Code 20009-0527 <hr/> Purpose of Disbursement 011 Candidate Name Eric Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 7744561 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Evan Bayh Committee <hr/> Mailing Address P.O. Box 40977 <hr/> City Indianapolis State IN Zip Code 46240 <hr/> Purpose of Disbursement 011 Candidate Name Evan Bayh Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	Transaction ID: 7744562 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Hoosiers for Hill <hr/> Mailing Address P.O. Box 1071 <hr/> City Seymour State IN Zip Code 47274 <hr/> Purpose of Disbursement 011 Candidate Name Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09	Transaction ID: 7744563 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress		Transaction ID: 7744564		
	Mailing Address PO Box 75214		Date of Disbursement MM / DD / YYYY 03 / 13 / 2009		
	City Washington	State DC	Zip Code 20013-0214	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
Candidate Name Earl Pomeroy		Disbursement For: 2010			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: ND District: 00					
B.	Full Name (Last, First, Middle Initial) Roskam for Congress		Transaction ID: 7744565		
	Mailing Address PO Box 713		Date of Disbursement MM / DD / YYYY 03 / 13 / 2009		
	City Wheaton	State IL	Zip Code 60189-0713	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
Candidate Name Peter Roskam		Disbursement For: 2010			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 06					
C.	Full Name (Last, First, Middle Initial) Charlie Wilson for Congress		Transaction ID: 7744566		
	Mailing Address P.O. Box 61		Date of Disbursement MM / DD / YYYY 03 / 13 / 2009		
	City St. Clairsville	State OH	Zip Code 43950	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
Candidate Name Charlie Wilson		Disbursement For: 2010			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH District: 06					

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy <hr/> Mailing Address 38 Ivy Street, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744567 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bachmann For Congress <hr/> Mailing Address Box 49756 <hr/> City Blaine State MN Zip Code 55449 Purpose of Disbursement <hr/> Candidate Name Rep. Michele Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744568 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Pence Committee <hr/> Mailing Address PO Box 408 <hr/> City Anderson State IN Zip Code 46015-0408 Purpose of Disbursement <hr/> Candidate Name Michael Pence Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744569 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address PO Box 1605

City Alexandria State VA Zip Code 22313-1605

Purpose of Disbursement 011 Category/Type

Candidate Name K Michael Conaway

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

State: TX District: 11

Transaction ID: 7744570

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

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

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement 011 Category/Type

Candidate Name Patrick McHenry

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

State: NC District: 10

Transaction ID: 7744571

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Mike Ross for Congress

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857-0360

Purpose of Disbursement 011 Category/Type

Candidate Name Mike Ross

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

State: AR District: 04

Transaction ID: 7744572

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Peters For Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Gary Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 09	Transaction ID: 7744573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) Garrett for Congress <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement 011 Candidate Name Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05	Transaction ID: 7744574 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Friends of John Tanner <hr/> Mailing Address 236 Massachusetts Ave NE Ste 603 <hr/> City Washington State DC Zip Code 20002-4980 <hr/> Purpose of Disbursement 011 Candidate Name John Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08	Transaction ID: 7744575 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Moore for Congress <hr/> Mailing Address PO Box 75214 <hr/> City Washington State DC Zip Code 20013-0214 Purpose of Disbursement <hr/> Candidate Name Dennis Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744578 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 Purpose of Disbursement <hr/> Candidate Name Rep. Daniel Maffei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744579 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Chris Lee For Congress <hr/> Mailing Address PO Box 15388 <hr/> City Rochester State NY Zip Code 14615 Purpose of Disbursement <hr/> Candidate Name Mr. Christopher Lee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744580 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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)

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

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

A.	Full Name (Last, First, Middle Initial) Barney Frank for Congress	Transaction ID: 7744584 Date of Disbursement 03 / 16 / 2009
	Mailing Address 38 Ivy St SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-4006	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Barney Frank	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allen Boyd for Congress	Transaction ID: 7744585 Date of Disbursement 03 / 16 / 2009
	Mailing Address P.O. Box 15703	Amount of Each Disbursement this Period 2000.00
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Allen Boyd	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rodney Alexander for Congress	Transaction ID: 7744587 Date of Disbursement 03 / 16 / 2009
	Mailing Address PO Box 367	Amount of Each Disbursement this Period 1000.00
	City Quitman State LA Zip Code 71268-0367	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rodney Alexander	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Richard Burr Committee <hr/> Mailing Address P.O. Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement <hr/> Candidate Name Richard Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744588 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement <hr/> Candidate Name Frank Pallone <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744589 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Jack Kingston <hr/> Mailing Address PO Box 2133 <hr/> City Savannah State GA Zip Code 31402-2133 <hr/> Purpose of Disbursement <hr/> Candidate Name Jack Kingston <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744591 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Melancon for Congress <hr/> Mailing Address PO Box 549 <hr/> City Napoleonville State LA Zip Code 70390-0549 Purpose of Disbursement <hr/> Candidate Name Charlie Melancon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744592 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Brad Miller for Congress <hr/> Mailing Address PO Box 10322 <hr/> City Raleigh State NC Zip Code 27605-0322 Purpose of Disbursement <hr/> Candidate Name Brad Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744593 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Crapo For US Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701-1948 Purpose of Disbursement <hr/> Candidate Name Michael Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744594 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Capuano for Congress Cmte. <hr/> Mailing Address 38 Ivy Street SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Mike Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7744596 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339-1519 Purpose of Disbursement <hr/> Candidate Name Shelley Capito Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 7765349 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
Amount of Each Disbursement this Period 2500.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Brave PAC <hr/> Mailing Address 499 South Capitol Street, SW Suite <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: 7765350 Date of Disbursement
	Mailing Address 507 Capitol Court, NE #100	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PATPAC	Transaction ID: 7765351 Date of Disbursement
	Mailing Address 610 S. Boulevard Street	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Building Relationships in Diverse Geographic Environmen- ts PAC (BRIDGE PAC)	Transaction ID: 7765352 Date of Disbursement
	Mailing Address 499 S. Capitol Street, SW Ste 412	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Building Relationships in Diverse Geographic Envir- onments PAC (BRIDGE PAC)	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Republican Majority Fund <hr/> Mailing Address P.O. Box 144 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765354 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) People for Enterprise, Trade, and Economic Growth (Pete PAC) <hr/> Mailing Address P.O. Box 38585 <hr/> City Dallas State TX Zip Code 75238 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765357 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) Democrats Win Seats PAC <hr/> Mailing Address PO Box 71147 <hr/> City Washington State DC Zip Code 20024-1147 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765358 Date of Disbursement 03 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Bluegrass Committee <hr/> Mailing Address 400 N Capitol St NW Ste 585 <hr/> City Washington State DC Zip Code 20001-1502 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765359 Date of Disbursement 03 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Republican National Committee <hr/> Mailing Address 310 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765360 Date of Disbursement 03 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 15000.00

SUBTOTAL of Disbursements This Page (optional) ▶	25000.00
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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Manzullo for Congress <hr/> Mailing Address PO Box 368 <hr/> City Falls Church State VA Zip Code 22040 <hr/> Purpose of Disbursement 011 Candidate Name Donald A. Manzullo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 16	Transaction ID: 7765361 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) Kenny Marchant for Congress <hr/> Mailing Address PO Box 110187 <hr/> City Carrollton State TX Zip Code 75011 <hr/> Purpose of Disbursement 011 Candidate Name Kenny Marchant <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 24	Transaction ID: 7765362 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
C.	Full Name (Last, First, Middle Initial) Murphy for Congress <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Christopher Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	Transaction ID: 7765363 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Mike Pence Committee Mailing Address PO Box 408 City Anderson State IN Zip Code 46015-0408 Purpose of Disbursement 011 Candidate Name Michael Pence Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 06	Transaction ID: 7765364 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) Klein For Congress Mailing Address 21301 Powerline Road Suite 204 City Boca Raton State FL Zip Code 33433 Purpose of Disbursement 011 Candidate Name Rep. Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22	Transaction ID: 7765365 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
C.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey Mailing Address 1824 South Fiske Boulevard City Rockledge State FL Zip Code 32955 Purpose of Disbursement 011 Candidate Name Mr. Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 15	Transaction ID: 7765366 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen <hr/> Mailing Address 250 Prairie Center Drive, Suite 12 <hr/> City Eden Prairie State MN Zip Code 55347 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	Transaction ID: 7765367 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Bill Cassidy For Congress <hr/> Mailing Address 3482 Drusilla Lane Suite 1 <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement 011 Candidate Name Rep. William Cassidy, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	Transaction ID: 7765369 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Garrett for Congress <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement 011 Candidate Name Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05	Transaction ID: 7765370 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Blaine For Congress 2010</p> <p>Mailing Address PO Box 1526</p> <p>City Columbia State MO Zip Code 65205</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 09</p>	<p>Transaction ID: 7765371</p> <p>Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tom Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Tom Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 06</p>	<p>Transaction ID: 7765372</p> <p>Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jim Himes For Congress</p> <p>Mailing Address 857 Post Road, #312 Box 456</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 04</p>	<p>Transaction ID: 7765373</p> <p>Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Citizens for Bunning <hr/> Mailing Address 1717 Dixie Highway Suite 180 <hr/> City Fort Wright State KY Zip Code 41011 <hr/> Purpose of Disbursement 011 Candidate Name Jim Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 7765374 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) Citizens for Bunning <hr/> Mailing Address 1717 Dixie Highway Suite 180 <hr/> City Fort Wright State KY Zip Code 41011 <hr/> Purpose of Disbursement 011 Candidate Name Jim Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 7765375 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
C.	Full Name (Last, First, Middle Initial) Ken Calvert for Congress <hr/> Mailing Address P.O. Box 20123 <hr/> City Riverside State CA Zip Code 92516 <hr/> Purpose of Disbursement 011 Candidate Name Kenneth Calvert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 00	Transaction ID: 7765376 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) David Vitter For Us Senate <hr/> Mailing Address PO Box 8175 <hr/> City Metairie State LA Zip Code 70011 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. David Vitter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765377 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress <hr/> Mailing Address P.O. Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765381 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) McHenry for Congress <hr/> Mailing Address PO Box 1406 <hr/> City Hickory State NC Zip Code 28603-1406 <hr/> Purpose of Disbursement <hr/> Candidate Name Patrick McHenry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765382 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Gerlach for Congress Cmte <hr/> Mailing Address 911 Welsh Ayres Way <hr/> City State Zip Code Downingtown PA 19335-1689 Purpose of Disbursement <hr/> Candidate Name Jim Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765383 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Maloney for Congress <hr/> Mailing Address 24 E 93rd St Ste 4B <hr/> City State Zip Code New York NY 10128-0627 Purpose of Disbursement <hr/> Candidate Name Carolyn Maloney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7765384 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Adler For Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City State Zip Code Marlton NJ 08053 Purpose of Disbursement <hr/> Candidate Name Mr. John Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7767154 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 24</p>	<p>Transaction ID: 7767156</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bocchieri For Congress</p> <p>Mailing Address PO Box 3016</p> <p>City Alliance State OH Zip Code 44601</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 16</p>	<p>Transaction ID: 7767157</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Boswell for Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309-6220</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Leonard Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: 7767159</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Childers For Congress

Mailing Address PO Box 177

City Booneville State MS Zip Code 38829

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Travis Childers

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MS District: 01

Transaction ID: 7767160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Driehaus For Congress

Mailing Address 1018 Benz Avenue

City Cincinnati State OH Zip Code 45238

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Steven Driehaus

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District: 01

Transaction ID: 7767161

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Bill Foster For Congress Committee

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Bill Foster

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IL District: 14

Transaction ID: 7767162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Griffith For Congress</p> <p>Mailing Address PO Box 2916</p> <p>City Huntsville State AL Zip Code 35804</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Parker Griffith, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 05</p>	<p>Transaction ID: 7767163</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Halvorson For Congress</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Deborah Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 11</p>	<p>Transaction ID: 7767168</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jim Himes For Congress</p> <p>Mailing Address 857 Post Road, #312 Box 456</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 04</p>	<p>Transaction ID: 7767169</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Mike McMahon For Congress		Transaction ID: 7767170	
	Mailing Address 66 Arnold Street		Date of Disbursement 03 / 24 / 2009	
	City Staten Island	State NY	Zip Code 10301	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Michael McMahon				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 13				
B.	Full Name (Last, First, Middle Initial) Peters For Congress		Transaction ID: 7767171	
	Mailing Address PO Box 226		Date of Disbursement 03 / 24 / 2009	
	City Bloomfield Hills	State MI	Zip Code 48303	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Gary Peters				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 09				
C.	Full Name (Last, First, Middle Initial) Harry Teague For Congress		Transaction ID: 7767172	
	Mailing Address PO Box 5153		Date of Disbursement 03 / 24 / 2009	
	City Hobbs	State NM	Zip Code 88241	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Harry Teague				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM District: 02				

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Alan Mollohan for Congress Cmte.			Transaction ID: 7767173																					
	Mailing Address PO Box 1343			Date of Disbursement																					
	City Fairmont State WV Zip Code 26555-1343			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
0	3		2	4		2	0	0	9																
Purpose of Disbursement			Amount of Each Disbursement this Period																						
Candidate Name Alan Mollohan			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> <tr> <td colspan="3">Category/Type</td> </tr> </table>		0	1	1	Category/Type																	
0	1	1																							
Category/Type																									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010																						
State: WV District: 01			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
			<input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) Hoosiers for Hill			Transaction ID: 7767174																					
	Mailing Address P.O. Box 1071			Date of Disbursement																					
	City Seymour State IN Zip Code 47274			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
0	3		2	4		2	0	0	9																
Purpose of Disbursement			Amount of Each Disbursement this Period																						
Candidate Name Baron Hill			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> <tr> <td colspan="3">Category/Type</td> </tr> </table>		0	1	1	Category/Type																	
0	1	1																							
Category/Type																									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010																						
State: IN District: 09			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
			<input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund			Transaction ID: 7772946																					
	Mailing Address PO Box 133			Date of Disbursement																					
	City Wilmington State DE Zip Code 19899-0133			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	0		2	0	0	9																
Purpose of Disbursement			Amount of Each Disbursement this Period																						
Candidate Name Michael Castle			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> <tr> <td colspan="3">Category/Type</td> </tr> </table>		0	1	1	Category/Type																	
0	1	1																							
Category/Type																									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010																						
State: DE District: 01			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
			<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DeMint for Senate Committee <hr/> Mailing Address P.O. Box 12425 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <hr/> Candidate Name Jim DeMint <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7772947 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address PO Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement <hr/> Candidate Name John Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7772948 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement <hr/> Candidate Name John Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7772949 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name
Richard Burr

Office Sought: House
 Senate
 President

State: NC District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 7772950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 124

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dale Simmon

Mailing Address 612 S Creyts Rd Ste B

City State Zip Code
Lansing MI 48917-8266

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 7781172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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)

PAGE 123 / 124

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

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

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 7822435
Date of Disbursement: 03 / 02 / 2009

Amount of Each Disbursement this Period: 4.95

Category/Type: 001

Credit Card Processing Charge

B.

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

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 7822548
Date of Disbursement: 03 / 04 / 2009

Amount of Each Disbursement this Period: 20.00

Category/Type: 001

Credit Card Processing Charge

C.

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

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 7822550
Date of Disbursement: 03 / 04 / 2009

Amount of Each Disbursement this Period: 949.98

Category/Type: 001

Credit Card Processing Charge

SUBTOTAL of Disbursements This Page (optional) ► **974.93**

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 124 / 124

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7822551 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 502.34 Category/Type 001 Credit Card Processing Charge
B. Full Name (Last, First, Middle Initial) Paypal Inc. Mailing Address 1840 Embarcadero Rd City Palo Alto State CA Zip Code 94303 Purpose of Disbursement Credit Card Processing Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7822553 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 89.90 Category/Type 001 Credit Card Processing Charge

SUBTOTAL of Disbursements This Page (optional) ►

592.24

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

1567.17