

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
The Council of Insurance Agents & Brokers Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** C00039578
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 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 Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 03 10 2010

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)

A. Form/Schedule : **F3XA**
Transaction ID :

Amendment being filed to correct Willis PAC receipt noted as receipt from individuals other than Political Comm., but was actually received from a PAC.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
The Council of Insurance Agents & Brokers Political Action Committee

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"><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		201736.30
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	258071.11									
(c) Total Receipts (from Line 19)	63778.20	154095.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	321849.31	355831.60								
7. Total Disbursements (from Line 31)	77721.32	111703.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	244127.99	244127.99								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	57826.00	142626.00
(ii) Unitemized	2952.20	8469.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	60778.20	151095.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	63778.20	154095.30
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))	63778.20	154095.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63778.20	154095.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2640.52	3422.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2640.52	3422.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75080.80	106080.80
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2200.65
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))..	77721.32	111703.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77721.32	111703.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	63778.20	154095.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63778.20	154095.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2640.52	3422.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2640.52	3422.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 34
(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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kerry B. Drake

Mailing Address 6448 Province Lane

City State Zip Code
Baton Rouge LA 70808-3578

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

Name of Employer Occupation
BancorpSouth Insurance Services, Inc. Insurance Broker

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

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

Transaction ID: 29504143

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. James R. Davis

Mailing Address 1 White Pillars Lane

City State Zip Code
Houston TX 77024-6607

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

Name of Employer Occupation
John L. Wortham & Son, L.P. (HQ) Insurance Broker

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

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

Transaction ID: 29504154

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Morse

Mailing Address 24 Orient Avenue

City State Zip Code
Jamestown RI 02835-1834

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

Name of Employer Occupation
BrokerNetUSA, Inc. Insurance Broker

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

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

Transaction ID: 29504158

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Albert R. Counselman

Mailing Address 12313 Michaelsford Road

City State Zip Code
Cockeysville MD 21030-2248

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

Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 29504159

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Counselman

Mailing Address 3409 Oakenshaw Place

City State Zip Code
Baltimore MD 21218-2806

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

Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 29504161

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Scott Jensen

Mailing Address 4945 Bergen Court

City State Zip Code
Cumming GA 30040-9707

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

Name of Employer AmWINS Brokerage of Alabama Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 29504190

Amount of Each Receipt this Period
500.00

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 9 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Bill D. Henry	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 6801 Baltimore Avenue	Transaction ID: 29504192
	City State Zip Code Dallas TX 75205-1229	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer McQueary Henry Bowles Tro-y, L.L.P. (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dan Browning	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 2401 Chiswick Lake Drive	Transaction ID: 29504193
	City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer McQueary Henry Bowles Tro-y, L.L.P. (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Carla Sans	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 4242 Lomo Alto Drive, 523	Transaction ID: 29504194
	City State Zip Code Dallas TX 75219-1538	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer McQueary Henry Bowles Tro-y, L.L.P. (HQ)	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Kyle Moss

Mailing Address 12700 Park Central Drive
Suite 1700

City State Zip Code
Dallas TX 75251-1500

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

Name of Employer Occupation
McQueary Henry Bowles Tro- Insurance Broker
y, L.L.P. (HQ)

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

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

Transaction ID: 29504195

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Dennis M. Donahue

Mailing Address 805 West Willow Street

City State Zip Code
Palatine IL 60067-0921

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

Name of Employer Occupation
Wells Fargo Insurance Ser- Insurance Broker
vices, Inc. (

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: 29549687

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry Kaminsky

Mailing Address 10235 S. Greentree Court

City State Zip Code
Olathe KS 66061-7447

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

Name of Employer Occupation
Thomas McGeé, L.C. (HQ) Insurance Broker

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: 29549780

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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 11 / 34
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Charles A. Rosson

Mailing Address 3373 Las Huertas Road

City State Zip Code
Lafayette CA 94549-5108

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

Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 09 / 2009
Transaction ID: 29549787
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Johnny Pitts

Mailing Address 3970 Grandview Avenue

City State Zip Code
Memphis TN 38111-7610

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

Name of Employer Lipscomb & Pitts Insurance, LLC (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 09 / 2009
Transaction ID: 29549807
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Mathew Lipscomb, III

Mailing Address 1900 Baldwin Road

City State Zip Code
Lake Cormorant MS 38641-9619

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

Name of Employer Lipscomb & Pitts Insurance, LLC (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 09 / 2009
Transaction ID: 29549808
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Steve Brockmeyer

Mailing Address 1420 Oak Meadow Road

City State Zip Code
Arcadia CA 91006-2128

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

Name of Employer Bolton & Company Insurance Brokers (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 29583300

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Anthony P. Campisi

Mailing Address 183 Leaders Heights Road

City State Zip Code
York PA 17402-4714

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

Name of Employer Glatfelter Insurance Group (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: 29583302

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Tom Hughston

Mailing Address 6475 Glendora Avenue

City State Zip Code
Dallas TX 75230

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

Name of Employer Roach Howard Smith & Barton, Inc. (HQ) Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 29583306

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mr. Ryan Wilkerson		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 6731 Rainbow Avenue		Transaction ID: 29583309
City Mission Hills	State KS	Zip Code 66208-2265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Haas & Wilkerson, Inc. (H-Q)	Occupation Insurance Broker	
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) Mr. Thomas E. Hughes		Date of Receipt MM / DD / YYYY 03 / 25 / 2009
Mailing Address 1702 Almedia Drive		Transaction ID: 29583312
City Chico	State CA	Zip Code 95926-7757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Interwest Insurance Services, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Mr. Timothy M. Fleming		Date of Receipt MM / DD / YYYY 03 / 17 / 2009
Mailing Address 1842 Morgan Road		Transaction ID: 29583319
City Orono	State MN	Zip Code 55356-9519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer RJF Agencies, Inc. (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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: PAGE 14 / 34
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mr. Bill Jeatran		Date of Receipt MM / DD / YYYY 03 / 17 / 2009	
Mailing Address Ivy Avenue North		Transaction ID: 29583377	
City	State	Zip Code	Amount of Each Receipt this Period
Grant	MN	55082	1250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RJF Agencies, Inc. (HQ)	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

B.

Full Name (Last, First, Middle Initial) Mr. James J. McNasby		Date of Receipt MM / DD / YYYY 03 / 17 / 2009	
Mailing Address 31 West 11th Street Apartment 6B		Transaction ID: 29583382	
City	State	Zip Code	Amount of Each Receipt this Period
New York	NY	10011-8663	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Marsh Inc. (HQ)	Occupation General Counsel		
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) Mr. David L. Eslick		Date of Receipt MM / DD / YYYY 03 / 17 / 2009	
Mailing Address 4 Arrow Tree Drive		Transaction ID: 29583387	
City	State	Zip Code	Amount of Each Receipt this Period
Briarcliff Manor	NY	10510-2260	1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Marsh Inc.	Occupation Insurance Broker		
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)	▶	2750.00
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 / 34
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Mr. H. Wade Reece

Mailing Address 1919 Reid Street

City Raleigh State NC Zip Code 27608-2246

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

Name of Employer BB&T Insurance Services (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 29583396

Amount of Each Receipt this Period 5000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 29583426

Amount of Each Receipt this Period 90.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edward X. McNamara

Mailing Address 1360 E 9th Street Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 29583451

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► 5174.00

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 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street
Suite 600

City State Zip Code
CLEVELAND OH 44114-1737

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

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 29583463

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Klonek

Mailing Address 11542 Elizabeth Circle

City State Zip Code
Strongsville OH 44149-3040

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

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 29600564

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Roy Gonella

Mailing Address 120 13th Street

City State Zip Code
Manhattan Beach CA 90266-4707

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

Name of Employer Occupation
Marsh Inc. Insurance Broker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 29600565

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3084.00**

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 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Arthur J. Glatfelter

Mailing Address 8379 Fieldstone Lane

City State Zip Code
Dallastown PA 17313-9003

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

Name of Employer (HQ)
Glatfelter Insurance Group

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: 29600566

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Cohen

Mailing Address 5440 South Cottonwood Court

City State Zip Code
Greenwood Village CO 80121-1432

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

Name of Employer (HQ)
IMA Financial Group, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: 29600567

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. John Hundhausen

Mailing Address 4554 Laclede Avenue #103

City State Zip Code
Saint Louis MO 63108-2156

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

Name of Employer (H-Q)
Daniel & Henry Company (H-Q), The

Occupation
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	/	2	4	/	2	0	0	9

Transaction ID: 29600569

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Stacey Braswell

Mailing Address 17418 Bridle Trails West

City State Zip Code
Glencoe MO 63038

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

Name of Employer Daniel & Henry Company (H-Q), The
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 29600572

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin O'Neil

Mailing Address 511 Acacia Avenue

City State Zip Code
San Bruno CA 94066-4221

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

Name of Employer AmWINS Insurance Brokerage of Californ
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

Transaction ID: 29600574

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. W.H. 'Skip' Cooper, IV

Mailing Address 200 Nash Circle

City State Zip Code
Birmingham AL 35213-2512

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

Name of Employer AmWINS Brokerage of Alaba-ma
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3009.00

Date of Receipt

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

Transaction ID: 29600585

Amount of Each Receipt this Period
3009.00

SUBTOTAL of Receipts This Page (optional) ► **4309.00**

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 / 34
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Steven DeCarlo

Mailing Address 2231 Sharon Lane

City State Zip Code
Charlotte NC 28211-3737

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

Name of Employer Occupation
AmWINS Group, Inc. (HQ) Insurance broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3009.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 29618749

Amount of Each Receipt this Period
3009.00

B. Full Name (Last, First, Middle Initial)
Mr. John A. Barron, Jr.

Mailing Address 5726 Swan Drive

City State Zip Code
Clayton OH 45315-9614

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

Name of Employer Occupation
Brower Insurance Agency, LLC (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 29618750

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. James C. Drinkwater

Mailing Address 185 Mendham Road

City State Zip Code
Bernardsville NJ 07924-1617

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

Name of Employer Occupation
AmWINS Brokerage of New York, Inc. Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 29618751

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **5009.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. David M. Ziegler		Date of Receipt
	Mailing Address 12772 NW 15th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Coral Springs	FL	33071-5437
	FEC ID number of contributing federal political committee.		Transaction ID: 29618752
Name of Employer Arthur J. Gallagher & Co.		Occupation Insurance broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas L. Mangan		Date of Receipt
	Mailing Address 350 Flintlock Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Southport	CT	06890-1079
	FEC ID number of contributing federal political committee.		Transaction ID: 29618753
Name of Employer Corporate Synergies Group, Inc. (HQ)		Occupation Insurance Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 57826.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 34
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Willis PAC

Mailing Address 7 Hanover Square

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee. **C** C00418731

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

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

Transaction ID: 29549783

Amount of Each Receipt this Period
3000.00

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

**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)
The Council of Insurance Agents & Brokers Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Wicker For Senate</p> <p>Mailing Address PO Box 64</p> <p>City Jackson State MS Zip Code 39205</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Roger Wicker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:</p>	<p>Transaction ID: 29575854 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John S. Tanner</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) ▼ State: TN District: 08</p>	<p>Transaction ID: 29575858 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address 80 F Street NW Number 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Dennis Moore</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) ▼ State: KS District: 03</p>	<p>Transaction ID: 29575860 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Boyd For Congress <hr/> Mailing Address P.O. Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Allen Boyd <hr/> 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) ▼	Transaction ID: 29575862 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 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) Peters For Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Gary C. Peters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29575863 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 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) Richard E Neal For Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29575864 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 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) ▶	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)
The Council of Insurance Agents & Brokers Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mike Crapo</p> <p>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) ▼</p> <p>State: ID District:</p>	<p>Transaction ID: 29575887</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael H. Michaud</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: ME District: 02</p>	<p>Transaction ID: 29575888</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Brad Miller</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: NC District: 13</p>	<p>Transaction ID: 29575890</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Jack Kingston</p> <p>Mailing Address 7360 Skidaway Road</p> <p>City Savannah State GA Zip Code 31406</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29575892 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 211 S. 5th St.</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Pat Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29575894 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kenny Marchant For Congress</p> <p>Mailing Address PO Box 110187</p> <p>City Carrollton State TX Zip Code 75011</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Kenny Marchant</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29575896 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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)

PAGE 26 / 34

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Chris Lee For Congress	Transaction ID: 29575898 Date of Disbursement 03 / 12 / 2009
	Mailing Address PO Box 15395	Amount of Each Disbursement this Period 2000.00
	City Rochester State NY Zip Code 14615	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Christopher Lee	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 29575899 Date of Disbursement 03 / 12 / 2009
	Mailing Address 430 South Capitol Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Democratic Congressional Campaign Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 29575902 Date of Disbursement 03 / 12 / 2009
	Mailing Address 320 1st St, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

32000.00

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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bon Vivant Catering <hr/> Mailing Address 6330 Dunman Way <hr/> City Alexandria State VA Zip Code 22315 <hr/> Purpose of Disbursement Breakfast for Congressman Allen Boyd <hr/> Candidate Name Rep. Allen Boyd <hr/> 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) ▼	Transaction ID: 29575907 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 580.80 <hr/> Breakfast for Congressman Allen Boyd
B.	Full Name (Last, First, Middle Initial) Jim Himes For Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Jim Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29599157 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/>
C.	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29599178 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/>

SUBTOTAL of Disbursements This Page (optional) ▶	2580.80
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)
The Council of Insurance Agents & Brokers Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski</p> <p>Mailing Address 103 South Hanover Street</p> <p>City Nanticoke State PA Zip Code 18634</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Paul E. Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599179 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	9													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Citizens for Bunning</p> <p>Mailing Address 1717 Dixie Highway Suite 180</p> <p>City Fort Wright State KY Zip Code 41011</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jim Bunning</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599181 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	9													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Cleaver For Congress</p> <p>Mailing Address 4801 Main Street, Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Emanuel Cleaver, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599183 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	6	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	6	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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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)
The Council of Insurance Agents & Brokers Political Action Committee

<p>A. 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 Mr. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599184 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matsui For Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599185 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599186 Date of Disbursement 03 / 26 / 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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 29599187 Date of Disbursement
	Mailing Address PO Box 3078	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Denver State CO Zip Code 80201	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Mr. Michael Bennet	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 29599195 Date of Disbursement
	Mailing Address P.O. Box 127	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Christopher Scott Murphy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bachmann For Congress	Transaction ID: 29599196 Date of Disbursement
	Mailing Address PO Box 25950	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Michele Bachmann	<input type="text" value="011"/> Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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)
The Council of Insurance Agents & Brokers Political Action Committee

A.

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

Mailing Address PO Box 1333

City State Zip Code
Fort Collins CO 80521

Purpose of Disbursement

011
Category/
Type

Candidate Name
Betsy Markey

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 04

Transaction ID: 29599250
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

B.

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

Mailing Address P.O. Box 64107

City State Zip Code
Colorado Springs CO 80962

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Doug Lamborn

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 05

Transaction ID: 29599251
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Republican Majority Fund

Mailing Address 101 Constitution Ave NW
#900 W

City State Zip Code
Washington DC 20001

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 29600322
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Maloney for Congress	Transaction ID: 29600332 Date of Disbursement
	Mailing Address 24 East 93rd Street Suite 4B	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Carolyn B. Maloney	<input type="text" value="011"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Blaine For Congress 2008	Transaction ID: 29600334 Date of Disbursement
	Mailing Address PO Box 1526	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. W. Blaine Luetkemeyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Montanans For Tester	Transaction ID: 29600335 Date of Disbursement
	Mailing Address PO Box 1135	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Jon Tester	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Childers For Congress <hr/> Mailing Address PO Box 177 <hr/> City Booneville State MS Zip Code 38829 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Travis Wayne Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29600361 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00 <hr/> Category/ Type 011
B. Full Name (Last, First, Middle Initial) Garrett For Congress <hr/> Mailing Address PO Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29600591 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 <hr/> Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

75080.80

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 29792481 Date of Disbursement
	Mailing Address P.O. Box 2878	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Omaha State NE Zip Code 68103-2878	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="644.73"/>
	Candidate Name	<input type="text" value="001"/> 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) First Data	Transaction ID: 29792539 Date of Disbursement
	Mailing Address P.O. Box 6600	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Hagerstown State MD Zip Code 21741-6600	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="733.99"/>
	Candidate Name	<input type="text" value="001"/> 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) Wired For Change	Transaction ID: 29792543 Date of Disbursement
	Mailing Address 1700 Connecticut Avenue, NW Suite 403	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1200.00"/>
	Candidate Name	<input type="text" value="001"/> 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="2578.72"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2578.72"/>