

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
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

ADDRESS (number and street) 2600 South River Road
 Check if different than previously reported. (ACC)
Des Plaines IL 60018 3286

2. **FEC IDENTIFICATION NUMBER** C00066472
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 2011 through 03 31 2011

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 June Holmes

Signature of Treasurer Electronically Filed by June Holmes Date 04 19 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		85732.68
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	65517.05									
(c) Total Receipts (from Line 19)	120600.76	161508.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186117.81	247240.89								
7. Total Disbursements (from Line 31)	92500.00	153600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93617.81	93640.89								
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

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

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)	87281.96	112538.60
(ii) Unitemized	14829.97	25480.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	102111.93	138019.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	18488.83	23488.83
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	120600.76	161508.21
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))	120600.76	161508.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	120600.76	161508.21

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.....	90500.00	150000.00
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	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.....	2000.00	3600.00
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))..	92500.00	153600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92500.00	153600.00

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)	120600.76	161508.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120600.76	161508.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Daniel S. Schechter	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address 9016 Mistwood Drive	Transaction ID: 33103343
	City State Zip Code Potomac MD 20854-2884	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GEICO	Occupation Assistant V.P. Staff Development	
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 Little	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address 112 Polo Fielss Chase	Transaction ID: 33103344
	City State Zip Code Warner Robins CA 31088	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GEICO	Occupation Claims Assistant 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) Jan C Stewart	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address 715 Dale Drive	Transaction ID: 33103346
	City State Zip Code Silver Spring MD 20910-4252	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GEICO	Occupation Vice President - Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Stephen J Martz		Date of Receipt MM / DD / YYYY 03 / 03 / 2011		
	Mailing Address 1783 Clovermeadow Drive		Transaction ID: 33103347		
	City Vienna	State VA	Zip Code 22182-1878	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GEICO	Occupation Assistant VP			
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 J DeGrocco		Date of Receipt MM / DD / YYYY 03 / 03 / 2011		
	Mailing Address 2 Angelica Court		Transaction ID: 33103348		
	City West Babylon	State NY	Zip Code 11704-8502	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GEICO	Occupation Asst VP Home Office Claims			
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) Mr. Donald R. Lyons		Date of Receipt MM / DD / YYYY 03 / 03 / 2011		
	Mailing Address 11616 Swains Lock Terrace		Transaction ID: 33103350		
	City Potomac	State MD	Zip Code 20854-1215	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GEICO	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. J. Douglas Robinson

Mailing Address Box 530

City State Zip Code
Utica NY 13503-0530

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

Name of Employer Occupation
Utica National Insurance Group Chairman and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33103352

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mr Charles S. Katter

Mailing Address 5017 S W Robert Court

City State Zip Code
Portland OR 97219-3339

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

Name of Employer Occupation
Oregon Mutual Group Vice President-Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103353

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 400 N Baker Street

City State Zip Code
McMinnville OR 97128-4906

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

Name of Employer Occupation
Oregon Mutual Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103354

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Michael E. Keyes

Mailing Address 250 Northwest Valley View Ct.

City State Zip Code
Mc Minnville OR 97128-5427

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

Name of Employer Occupation
Oregon Mutual Group President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2011

Transaction ID: 33103355

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Ms. Lisa C. Hargis

Mailing Address 3310 Knighton Way

City State Zip Code
Forest Grove OR 97116-1032

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

Name of Employer Occupation
Oregon Mutual Group Vice President Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2011

Transaction ID: 33103356

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Brian M. Steffel

Mailing Address 1533 NW Medinah Dr.

City State Zip Code
McMinnville OR 97128-5087

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

Name of Employer Occupation
Oregon Mutual Group Asst. Vice President - Marketing

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 / 08 / 2011

Transaction ID: 33103357

Amount of Each Receipt this Period
300.00

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 10 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Steven L Patterson

Mailing Address 2350 NW Crimson Court

City McMinnville State OR Zip Code 97128-2000

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

Name of Employer Oregon Mutual Group Occupation VP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 08 / 2011
Transaction ID: 33103358
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen G. Rutledge

Mailing Address 2124 Rosemont Drive

City Montgomery State AL Zip Code 36111-1007

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

Name of Employer Alfa Insurance Companies Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 33103360
Amount of Each Receipt this Period: 3600.00

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

Mailing Address 6408 Wynwood Place

City Montgomery State AL Zip Code 36117-3459

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

Name of Employer Alfa Insurance Companies Occupation Senior Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 33103361
Amount of Each Receipt this Period: 2700.00

SUBTOTAL of Receipts This Page (optional) ▶ 6600.00

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 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. C. Lee Ellis	Date of Receipt MM / DD / YYYY 03 / 10 / 2011
	Mailing Address 6304 Clarendon Rd.	Transaction ID: 33103362
	City State Zip Code Montgomery AL 36117-5201	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Alfa Insurance Companies	Occupation Executive Vice President Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

B.	Full Name (Last, First, Middle Initial) Mr. Benjamin J. McKay	Date of Receipt MM / DD / YYYY 03 / 10 / 2011
	Mailing Address 5317 Yorktown Blvd	Transaction ID: 33103363
	City State Zip Code Arlington VA 22207-1528	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Property Casualty Insurers Association	Occupation Sr. VP Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.68	

C.	Full Name (Last, First, Middle Initial) Paul A. Pyne	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 5 Downing Street	Transaction ID: 33103367
	City State Zip Code East Greenwich RI 02818-2223	Amount of Each Receipt this Period 2700.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Amica Mutual Group	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 / 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
James E. McDermott, Jr.
Mailing Address P. O. Box 36001

City State Zip Code
Fort Lauderdale FL 33336-0001

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

Name of Employer Occupation
Amica Mutual Group Sr VP & General Manager

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

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103368
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Theodore C. Murphy
Mailing Address 516 Black Plain Road

City State Zip Code
North Smithfield RI 02896-9532

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

Name of Employer Occupation
Amica Mutual Group Vice President Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103371
Amount of Each Receipt this Period
480.00

C. Full Name (Last, First, Middle Initial)
Mr Stephen Dolan
Mailing Address 8 Ridgeland Drive

City State Zip Code
Cumberland RI 02864-3102

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

Name of Employer Occupation
Amica Mutual Group Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103376
Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► 970.00

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 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Robert P. Suglia

Mailing Address 115 Dana Road

City State Zip Code
North Kingstown RI 02852-3229

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

Name of Employer Occupation
Amica Mutual Group Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103377

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Jill H. Andy

Mailing Address 3 Fletcher Way

City State Zip Code
Norton MA 02766-1161

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

Name of Employer Occupation
Amica Mutual Group Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103380

Amount of Each Receipt this Period
480.00

C.

Full Name (Last, First, Middle Initial)
Mr. James A. Bussiere

Mailing Address 8 Glen Ellen Drive

City State Zip Code
Cumberland RI 02864-5034

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

Name of Employer Occupation
Amica Mutual Group Assistant Director of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103383

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **1320.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Matthew L Mitchell

Mailing Address 2797 Nestlebrook Trail

City State Zip Code
Virginia Beach VA 23456-8220

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

Name of Employer Occupation
GEICO Claims AVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: 33103387

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Tony Nicely

Mailing Address 805 Nethercliffe Hall Road

City State Zip Code
Great Falls VA 22066-2719

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

Name of Employer Occupation
GEICO Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33103495

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Robert K. Benson

Mailing Address 29 Melrose Avenue

City State Zip Code
Barrington RI 02806-4434

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

Name of Employer Occupation
Amica Mutual Group Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 33103500

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **2990.00**

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 / 57
	(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Terence A Mannion		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 4917 Frishiman Ct.		Transaction ID: 33103543		
	City Woodbridge	State VA	Zip Code 22193-3238	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GEICO	Occupation Ass't Vice President - Claims			
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. James M. Sevey		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 260 Alta Vista Avenue		Transaction ID: 33103544		
	City Los Altos	State CA	Zip Code 94022-2102	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Casualty Group	Occupation EVP, Managing Director & General Couns			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Mr. Richard J. Zick		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 115 West Pine Street		Transaction ID: 33103545		
	City Rome	State NY	Zip Code 13440-3466	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Utica First Insurance Com-pany	Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

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:	PAGE 16 / 57
	(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Jonathan E. Michael		Date of Receipt
	Mailing Address 12706 Georgetowne 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 / 14 / 2011
	City	State	Zip Code
	Dunlap	IL	61525-9462
	FEC ID number of contributing federal political committee. C		Transaction ID: 33103548
Name of Employer RLI		Occupation President & CEO	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"/> 5000.00

B.	Full Name (Last, First, Middle Initial) Mr. Lee C. Fanshaw		Date of Receipt
	Mailing Address 1648 Erin Hill		<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 / 14 / 2011
	City	State	Zip Code
	Stoughton	WI	53589-4853
	FEC ID number of contributing federal political committee. C		Transaction ID: 33103549
Name of Employer American Family Insurance Group		Occupation Government Affairs Counsel	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"/> 240.00

C.	Full Name (Last, First, Middle Initial) David A Magers		Date of Receipt
	Mailing Address 1701 Towanda 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 / 14 / 2011
	City	State	Zip Code
	Bloomington	IL	61701-2057
	FEC ID number of contributing federal political committee. C		Transaction ID: 33103550
Name of Employer COUNTRY Financial		Occupation Exec Vice President and CFO	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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5740.00
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 17 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Gregory E Murphy	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 119 Curtis Point Dr.	Transaction ID: 33103551
	City State Zip Code Mantoloking NJ 08738-1202	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Selective Insurance Group, Inc.	Occupation Chairman, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

B.	Full Name (Last, First, Middle Initial) Craig W Kliethermes	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 11306 N. Pawnee Road	Transaction ID: 33103639
	City State Zip Code Peoria IL 61615	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
Name of Employer RLI	Occupation Sr Vice President Risk Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Hank Edmiston	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 2850 Lake Vista Drive	Transaction ID: 33103640
	City State Zip Code Lewisville TX 75067-4189	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Fairfax Financial (USA) Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional)	7440.00
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 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Seth A. Davis

Mailing Address 7220 N. Wescoth Court

City Peoria State IL Zip Code 61615

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

Name of Employer RLI Occupation V P Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 17 / 2011
Transaction ID: 33103713
Amount of Each Receipt this Period 240.00

B. Full Name (Last, First, Middle Initial)
James P Loring

Mailing Address 46 Rocky Woods Rd

City Hopkinton State MA Zip Code 01748-1064

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

Name of Employer Amica Mutual Group Occupation Sr VP, CFO & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2011
Transaction ID: 33103757
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Peter E. Moreau

Mailing Address 69 Turnstone Drive

City Attleboro State MA Zip Code 02703-6564

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

Name of Employer Amica Mutual Group Occupation Information Services Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2011
Transaction ID: 33103758
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1540.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Philip R. Joslin	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 2180 Satterfield Drive	Transaction ID: 33103779
	City State Zip Code Pocatello ID 83201	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Farm Bureau Mutual Insurance Company	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Terrence W. Cavanaugh	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 6300 Lake Shore Dr.	Transaction ID: 33103780
	City State Zip Code Erie PA 16505-1015	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Erie Insurance Group	Occupation CEO and President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey D. Fick	Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 503 W. Copperfield Dr.	Transaction ID: 33105174
	City State Zip Code Dunlap IL 61525-9613	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
Name of Employer RLI	Occupation Vice President - Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	4080.00
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 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph Dondanville

Mailing Address 1102 West Brookforest Drive #2

City Peoria State IL Zip Code 61615-1076

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

Name of Employer RLI Occupation SVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 21 / 2011
Transaction ID: 33105175
Amount of Each Receipt this Period 240.00

B.

Full Name (Last, First, Middle Initial)
Robert J Schauer

Mailing Address 1 Guinevere RD

City Monroe Township State NJ Zip Code 08831-8668

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

Name of Employer RLI Insurance Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 21 / 2011
Transaction ID: 33105176
Amount of Each Receipt this Period 240.00

C.

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

Mailing Address 3301 zold Field Rd.

City Columbia State MO Zip Code 65203

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

Name of Employer Shelter Insurance Companies Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 21 / 2011
Transaction ID: 33105177
Amount of Each Receipt this Period 1200.00

SUBTOTAL of Receipts This Page (optional) ► 1680.00

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 / 57

(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Sally A Estvanic

Mailing Address 1714 Coyote Run

City State Zip Code
Valley City OH 44280-9493

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Westfield Group Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2011

Transaction ID: 33105185

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
James J Tanous

Mailing Address 41 Niagara Pier

City State Zip Code
Erie PA 16507-2314

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Erie Insurance Group Exec VP and General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2011

Transaction ID: 33105186

Amount of Each Receipt this Period 1000.00

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

Mailing Address P. O. Box 37

City State Zip Code
Dayton OH 45401-0037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Westfield Group Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2011

Transaction ID: 33105187

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) 1900.00

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 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr Richard Butler	Date of Receipt MM / DD / YYYY 03 / 23 / 2011
	Mailing Address 14280 Park Meadow Drive Suite 300	Transaction ID: 33115439
	City State Zip Code Chantilly VA 20151-2291	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medmarc Insurance Group Vice President Specialty Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael J. Stone	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 142 W Detweiller Drive	Transaction ID: 33119069
	City State Zip Code Peoria IL 61615-2111	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RLI President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert A. DiMuccio	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 6 Intervale Drive	Transaction ID: 33119070
	City State Zip Code Cumberland RI 02864-3331	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Amica Mutual Group Chairman, President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Robert K. MacKenzie		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 10 Sarah's Trace		Transaction ID: 33119076
	City East Greenwich	State RI	Zip Code 02818-3063
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
	Name of Employer Amica Mutual Group	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. James C Boland		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 3791-3 Lander Road Landerwood Glen		Transaction ID: 33119077
	City Chagrin Falls	State OH	Zip Code 44022-1392
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Westfield Group	Occupation Director	
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) Mary Q. Williamson		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 450 Wakefield Street		Transaction ID: 33119078
	City West Warwick	State RI	Zip Code 02893-1932
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
	Name of Employer Amica Mutual Group	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	980.00
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 24 / 57

(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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Tierney

Mailing Address 253 Fairway Drive

City

South Burlington

State

VT

Zip Code

05403-5868

FEC ID number of contributing federal political committee.

C

Name of Employer
Vermont Mutual Insurance Group

Occupation
Chairman, President & CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 33119079

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bernard M. Flynn

Mailing Address 274 Burning Tree Road

City

Delran

State

NJ

Zip Code

08075-1913

FEC ID number of contributing federal political committee.

C

Name of Employer
NJM Insurance Group

Occupation
President & CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 33119093

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John D. Blackburn

Mailing Address 20 Pinehurst Road

City

Lincoln

State

IL

Zip Code

62656-9100

FEC ID number of contributing federal political committee.

C

Name of Employer
COUNTRY Financial

Occupation
Chief Executive Officer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 33119094

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Michael A Ray

Mailing Address 1337 Livingston Avenue

City State Zip Code
Pacifica CA 94044-3929

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

Name of Employer Occupation
California Casualty Group SVP, CFO & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: 33131311

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Sara D. Smith

Mailing Address 2405 39th St.

City State Zip Code
Missoula MT 59803-1122

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

Name of Employer Occupation
Attorneys Liability Protection Society CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33131312

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address 6023 N Waterbury Road

City State Zip Code
Des Moines IA 50312-1343

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

Name of Employer Occupation
GuideOne Insurance President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33131313

Amount of Each Receipt this Period
3600.00

SUBTOTAL of Receipts This Page (optional) ► **4800.00**

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 26 / 57
	(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Andrew S. Frazier

Mailing Address 23 Sherwood Downs

City State Zip Code
Park Ridge NJ 07656-2603

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

Name of Employer Occupation
Western World Insurance Group President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33131314

Amount of Each Receipt this Period
3600.00

B.

Full Name (Last, First, Middle Initial)
Mr. John E. Cahill, Jr.

Mailing Address 245 Laurel Grove Avenue

City State Zip Code
Kentfield CA 94904-1538

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

Name of Employer Occupation
California Casualty Insurance Company Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 33131330

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr James R Kauffman

Mailing Address 877 Balboa Ln

City State Zip Code
Foster City CA 94404-2931

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

Name of Employer Occupation
California Casualty Group First V P - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 33131343

Amount of Each Receipt this Period
480.00

SUBTOTAL of Receipts This Page (optional) ► **5080.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Carol J. Denzer	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 212 White Clover Dr.	Transaction ID: 33131362
	City State Zip Code Chillicothe IL 61523-1912	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer RLI Occupation VP & Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael D. Bower	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 259 La Casa Ave.	Transaction ID: 33131363
	City State Zip Code San Mateo CA 94403-5014	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer California Casualty Group Occupation Sr VP Strategic Planning & Investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Fariborz Ghadar	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 2029 Connecticut Avenue NW #21	Transaction ID: 33131364
	City State Zip Code Washington DC 20008-6142	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westfield Group Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1440.00
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 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Paul J. Simoneau

Mailing Address 39 Cope Farms Rd.

City Farmington State CT Zip Code 06032-3181

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

Name of Employer RLI Insurance Company Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 30 / 2011

Transaction ID: 33136359

Amount of Each Receipt this Period 240.00

B.

Full Name (Last, First, Middle Initial)
Mr. William R. Dahlman

Mailing Address 4442 Gentry Avenue

City North Hollywood State CA Zip Code 91607-4115

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

Name of Employer California Casualty Management Company Occupation Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2011

Transaction ID: 33136360

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Joseph C Muenzen

Mailing Address 1060 Deanna Dr.

City Menlo Park State CA Zip Code 94025-6617

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

Name of Employer California Casualty Group Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2011

Transaction ID: 33136361

Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional) ► 730.00

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 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Donald J. Driscoll

Mailing Address 11350 N Oak Trail Dr

City Peoria State IL Zip Code 61615-1082

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

Name of Employer RLI Occupation V.P. Claim Dept.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2011
Transaction ID: 33136362
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jackie A. Gatlin

Mailing Address 7965 Ruststone Court

City Colorado Springs State CO Zip Code 80919-2921

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

Name of Employer California Casualty Group Occupation Vice President Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 30 / 2011
Transaction ID: 33136385
Amount of Each Receipt this Period 600.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory V. Ostergren

Mailing Address Corporate Centre
1949 East Sunshine

City Springfield State MO Zip Code 65899-0001

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

Name of Employer American National Property and Casualty Occupation Chairman, President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 31 / 2011
Transaction ID: PR1456193325800
Amount of Each Receipt this Period 300.00
P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Ms. June T. Holmes

Mailing Address 409 S. Vine

City State Zip Code
Park Ridge IL 60068-4145

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

Name of Employer Property Casualty Insurers Association
Occupation Treasurer & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: PR1456336825800

Amount of Each Receipt this Period
300.00

P/R Deduction (\$150.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Ms. Joanne M. Orfanos

Mailing Address 2104 Butternut Lane

City State Zip Code
Northbrook IL 60062-6608

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

Name of Employer Property Casualty Insurers Association
Occupation Sr VP Membership & Marketing Communica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: PR1456395525800

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Scott A. Joyner

Mailing Address 57 E. Delaware #2105

City State Zip Code
Chicago IL 60611-1476

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

Name of Employer Property Casualty Insurers Association
Occupation Vice President Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 639.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: PR1456541525800

Amount of Each Receipt this Period
213.00

P/R Deduction (\$106.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **613.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Ms. Susan G. Vincent

Mailing Address 1787 Sheffield

City State Zip Code
Birmingham MI 48009-7224

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

Name of Employer Occupation
Amerisure Companies VP-General Counsel & Sec.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: PR1456707725800
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Hoeg

Mailing Address 17950 Cranbrook Court

City State Zip Code
Northville MI 48167-4335

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

Name of Employer Occupation
Amerisure Companies Executive VP-COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: PR1456708425800
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Graf

Mailing Address 45000 Drocton

City State Zip Code
Novi MI 48375-3802

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

Name of Employer Occupation
Amerisure Companies VP-Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: PR1456720625800
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Michael Dieterle	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 47202 White Pines Drive	Transaction ID: PR1456721825800
	City State Zip Code Novi MI 48374-3697	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation VP-Fld Mkt & Undrwrng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark F. Fox	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 29911 Robert	Transaction ID: PR1578285425800
	City State Zip Code Livonia MI 48150-3045	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation VP Special Risk Undrwrng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Ms. Ann W. Spragens	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 5510 Chase Avenue	Transaction ID: PR1632493225800
	City State Zip Code Downers Grove IL 60515-4268	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Sr Vice President, Secretary & General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	240.00
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 / 57
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. McKay

Mailing Address 5317 Yorktown Blvd

City Arlington State VA Zip Code 22207-1528

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

Name of Employer Property Casualty Insurers Association Occupation Sr. VP Federal Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.02

Date of Receipt 03 / 31 / 2011

Transaction ID: PR1695170225800

Amount of Each Receipt this Period 208.34

P/R Deduction (\$104.17 Se-mi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr Thomas R. Litjen

Mailing Address 3917 Barcroft Mews Court

City Falls Church State VA Zip Code 22041-1235

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

Name of Employer Property Casualty Insurers Association Occupation VP Federal Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 31 / 2011

Transaction ID: PR1790384225800

Amount of Each Receipt this Period 208.34

P/R Deduction (\$104.17 Se-mi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Kurt D Gallinger

Mailing Address 26777 Halsted Road

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation VP Gov Rel & Counselor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2011

Transaction ID: PR2020349225800

Amount of Each Receipt this Period 120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **536.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Vincent T Donnelly

Mailing Address 174 Meadow View Lane

City State Zip Code
Lansdale PA 19446-5931

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

Name of Employer Occupation
PMA Insurance Group President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: PR2151653925800
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
David A. Sampson

Mailing Address 2435 Lucket Ave

City State Zip Code
Vienna VA 22180-6819

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

Name of Employer Occupation
Property Casualty Insurers Association President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1065.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: PR2228336725800
Amount of Each Receipt this Period: 355.00
P/R Deduction (\$177.50 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Deirdre Manna

Mailing Address 1548 Maple Avenue

City State Zip Code
Northbrook IL 60062-5475

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

Name of Employer Occupation
Property Casualty Insurers Association VP Industry, Regulatory and Political

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: PR2247336325800
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **555.00**

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 / 57
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Marguerite Tortorello	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 4711 North Kenmore	Transaction ID: PR2357924925800
	City State Zip Code Chicago IL 60640-5980	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Sr Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Paul Blume, JR	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 430 W. sheridan Place	Transaction ID: PR2400795625800
	City State Zip Code Lake Bluff IL 60044-2327	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Sr VP State Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Micaela Isler	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 980 Los Angeles NE	Transaction ID: PR2485632325800
	City State Zip Code Atlanta GA 30306-3604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Regional Mgr State Government Relation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 36 / 57	
	(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) James E Hohmann		Date of Receipt	
	Mailing Address 54 Hillburn Lane		M M / D D / Y Y Y Y 03 / 31 / 2011	
	City	State	Zip Code	Transaction ID: PR2540032325800
	North Barrington	IL	60010-6975	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		327.28		
Name of Employer FBL Financial Group		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 654.56		
		P/R Deduction (\$327.28 Monthly)		

B.	Full Name (Last, First, Middle Initial) Mr. Michael F. Gerik		Date of Receipt	
	Mailing Address PO Box 23650		M M / D D / Y Y Y Y 03 / 31 / 2011	
	City	State	Zip Code	Transaction ID: PR2541307125800
	Waco	TX	76702-3650	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		120.00		
Name of Employer Texas Farm Bureau Group		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		
		P/R Deduction (\$120.00 Semi-Monthly)		

SUBTOTAL of Receipts This Page (optional)	▶	447.28
TOTAL This Period (last page this line number only)	▶	87281.96

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

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

FOR LINE NUMBER: PAGE 37 / 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
GUARD FEDPAC

Mailing Address 16 South River Street

City State Zip Code
Wilkes Barre PA 18703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3488.83

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2011

Transaction ID: 33103388

Amount of Each Receipt this Period
3488.83

B. Full Name (Last, First, Middle Initial)
AMFAM Federal PAC

Mailing Address 6000 American Parkway

City State Zip Code
Madison WI 53783

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2011

Transaction ID: 33103552

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
COUNTRY PAC

Mailing Address 1705 Towanda Avenue

City State Zip Code
Bloomington IL 61701

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2011

Transaction ID: 33119095

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **13488.83**

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 / 57	
	(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"/> 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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Elect PAC		Date of Receipt																					
	Mailing Address P.O. Box 11023		<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>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	9		2	0	1	1														
	City State Zip Code		Transaction ID: 33131474																					
	Montgomery AL 36191		Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table>		5000.00																				
5000.00																								
C																								
Name of Employer Occupation																								
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table>		5000.00																				
5000.00																								

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	18488.83

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 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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement
William Batchelder, STATE HOUSE 69th OH

Candidate Name
OH Rep. William Batchelder

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: OH District: 69

Transaction ID: 33090527

Date of Disbursement

/ /

Amount of Each Disbursement this Period

William Batchelder, STATE HOUSE 69th OH

B. Full Name (Last, First, Middle Initial)
Committee to Elect Earl Ray Tomblin 2011

Mailing Address P. O. Box 11530

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Earl Ray Tomblin, GOVERNOR WV

Candidate Name
Earl Ray Tomblin

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) ▼

State: District:

Transaction ID: 33105243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Earl Ray Tomblin, GOVERNOR WV

C. Full Name (Last, First, Middle Initial)
PEGPAC

Mailing Address 116 Pine Street Suite 201

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Candidate Name

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

State: District:

Transaction ID: 33105245

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 40 / 57

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
CTE Peter Lund for State Rep

Mailing Address 6881 Muirfield Dr.

City State Zip Code
Shelby Twp MI 48316

Purpose of Disbursement
Pete Lund, STATE HOUSE 36th MI

Candidate Name
MI Rep. Pete Lund

Office Sought: House
 Senate
 President

State: MI District: 36

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 33105253

Date of Disbursement

03 / 23 / 2011

Amount of Each Disbursement this Period

250.00

Pete Lund, STATE HOUSE 36th MI

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 57

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address One North Capitol Street #211</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Andre Carson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 07</p>	<p>Transaction ID: 33090553</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Blaine For Congress 2012</p> <p>Mailing Address 217 Third St. SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 09</p>	<p>Transaction ID: 33090554</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bob Corker For Senate</p> <p>Mailing Address 518 Georgia Ave 2nd Floor</p> <p>City Chattanooga State TN Zip Code 37403</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Robert Corker</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) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: 33090555</p> <p>Date of Disbursement 03 / 16 / 2011</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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

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 Category/ Type 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: 33090559 Date of Disbursement 03 / 16 / 2011 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Donnelly for Congress Mailing Address 499 South Capitol Street, SW Suite 404 City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type Candidate Name Joe Donnelly Office Sought: <input checked="" type="checkbox"/> House <input 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: IN District: 02	Transaction ID: 33090561 Date of Disbursement 03 / 16 / 2011 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Gardner For Congress Mailing Address PO Box 2408 City Loveland State CO Zip Code 80539 Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type Candidate Name Cory Gardner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General - Debt State: CO District: 04	Transaction ID: 33090564 Date of Disbursement 03 / 16 / 2011 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) David Schweikert For Congress	Transaction ID: 33090567 Date of Disbursement 03 / 16 / 2011
	Mailing Address 15749 E El Lago Blvd	Amount of Each Disbursement this Period 1000.00
	City Fountain Hills State AZ Zip Code 85268	
	Purpose of Disbursement Candidate Name Mr. David Schweikert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Friends Of Dennis Ross	Transaction ID: 33090568 Date of Disbursement 03 / 16 / 2011
	Mailing Address PO Box 7310	Amount of Each Disbursement this Period 1000.00
	City Lakeland State FL Zip Code 33807	
	Purpose of Disbursement Candidate Name Mr. Dennis Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Roskam For Congress	Transaction ID: 33090569 Date of Disbursement 03 / 16 / 2011
	Mailing Address P.O. Box 713	Amount of Each Disbursement this Period 2000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement Candidate Name Mr. Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2012 <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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860-0905 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input 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: NJ District: 05	Transaction ID: 33090570 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1 <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) Freedom Fund <hr/> Mailing Address 1155 21st Street, NW <hr/> City Washington State DC Zip Code 20036 <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: 33090572 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Growth and Prosperity PAC <hr/> Mailing Address 217 Third St., SE <hr/> City Washington State DC Zip Code 20003 <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: 33090573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</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; 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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Moore For Congress Mailing Address PO Box 16646 City Milwaukee State WI Zip Code 53216 Purpose of Disbursement Candidate Name Rep. Gwen Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33090579 Date of Disbursement 03 / 16 / 2011
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) House Conservatives Fund Mailing Address 324 2nd St. SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 33090661 Date of Disbursement 03 / 16 / 2011
Full Name (Last, First, Middle Initial) JEBFUND (Jobs, Economy and Budget Fund) Mailing Address 7315 Wisconsin Avenue Suite 705 East City Bethesda State MD Zip Code 20814 Purpose of Disbursement Candidate Name JEBFUND (Jobs, Economy and Budget Fund) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5000.00
011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. 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 Purpose of Disbursement <hr/> Candidate Name Mr. Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33090799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee <hr/> Mailing Address P.O. Box 395 <hr/> City Wrentham State MA Zip Code 02903 Purpose of Disbursement <hr/> Candidate Name Sen. Scott Brown <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2012 <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: 33090803 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1
Amount of Each Disbursement this Period 2500.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 Purpose of Disbursement <hr/> Candidate Name Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33090803 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1
Amount of Each Disbursement this Period 2500.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Majority Committee</p> <p>Mailing Address P.O. BOX 10134</p> <p>City BAKERSFIELD State CA Zip Code 93389</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Majority Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 33090806</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	6	/	2	0	1	1	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	6	/	2	0	1	1													
5000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Robert Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 19</p>	<p>Transaction ID: 33090814</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</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	/	1	6	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	6	/	2	0	1	1													
1000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Robert Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 19</p>	<p>Transaction ID: 33090815</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</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	/	1	6	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	6	/	2	0	1	1													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2021 East Dublin Granville Road Suite 2000 <hr/> City Columbus State OH Zip Code 43229-3568 <hr/> Purpose of Disbursement <hr/> Candidate Name Repr Patrick Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33090817 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PETE PAC <hr/> Mailing Address 7804 Evening Lane <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement <hr/> Candidate Name PETE PAC <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: 33090921 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address 162 Hurt Street NE <hr/> City Atlanta State GA Zip Code 30307 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. David Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33091361 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Blaine For Congress 2012 Mailing Address 217 Third St. SW City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Rep. Blaine Luetkemeyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33091362 Date of Disbursement 03 / 16 / 2011
	Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B. Full Name (Last, First, Middle Initial) Heartland Values PAC Mailing Address P.O. Box 505 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33091363 Date of Disbursement 03 / 16 / 2011
	Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C. Full Name (Last, First, Middle Initial) Shelby for U.S. Senate Mailing Address P.O. Box 1091 City Tuscaloosa State AL Zip Code 35403 Purpose of Disbursement Candidate Name Sena Richard Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33091365 Date of Disbursement 03 / 16 / 2011
	Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Menendez for Senate</p> <p>Mailing Address 315 C Street SE Lower Level</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Robert Menendez</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) ▼</p> <p>State: NJ District:</p>	<p>Transaction ID: 33091386</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SCOTT PAC</p> <p>Mailing Address 15 LAUREL TERRACE</p> <p>City SPARTA State NJ Zip Code 07871</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name SCOTT PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 33091387</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hensarling for Congress</p> <p>Mailing Address P.O. Box 820504</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Jeb Hensarling</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 05</p>	<p>Transaction ID: 33091614</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Montanans For Tester <hr/> Mailing Address 236 Massachusetts Ave NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Jon Tester Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	Transaction ID: 33091618 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2011 <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) Whitehouse For Senate <hr/> Mailing Address 10 G Street NE Suite 570 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sheldon Whitehouse 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: RI District:	Transaction ID: 33091620 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2011 <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) Whitehouse For Senate <hr/> Mailing Address 10 G Street NE Suite 570 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sheldon Whitehouse Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Transaction ID: 33091621 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">3000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">5000.00</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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Common Sense Leadership PAC <hr/> Mailing Address PO BOX 1978 <hr/> City Denver State CO Zip Code 80201 <hr/> Purpose of Disbursement Candidate Name Common Sense Leadership PAC <hr/> 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: 33091622 Date of Disbursement 03 / 16 / 2011 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Meeks for Congress <hr/> Mailing Address 21910 South Conduit Avenue <hr/> City Springfield Garden State NY Zip Code 11413 <hr/> Purpose of Disbursement Void - Meeks for Congress-State date Candidate Name Repr Gregory Meeks <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: NY District: 06	Transaction ID: 33105171 Date of Disbursement 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> 011 Category/ Type Void - Meeks for Congress- State date
C.	Full Name (Last, First, Middle Initial) Evan Bayh Committee <hr/> Mailing Address P.O. Box 40977 <hr/> City Indianapolis State IN Zip Code 46240-0977 <hr/> Purpose of Disbursement Void - Evan Bayh Committee- State date Candidate Name Sena Evan Bayh <hr/> 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: 33105172 Date of Disbursement 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> 011 Category/ Type Void - Evan Bayh Committe- e- State date

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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Hodes For Senate Mailing Address 379 Elm Street City Manchester State NH Zip Code 03103 Purpose of Disbursement Void - Hodes For Senate - State date Candidate Name Mr. Paul Hodes Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33105173 Date of Disbursement 03 / 03 / 2011 Amount of Each Disbursement this Period -1000.00 Void - Hodes For Senate - State date
	Category/Type 011

B. Full Name (Last, First, Middle Initial) Gerlach for Congress Mailing Address 631 N. Pottstown Pike City Exton State PA Zip Code 19341 Purpose of Disbursement Candidate Name Sen. Jim Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33117675 Date of Disbursement 03 / 24 / 2011 Amount of Each Disbursement this Period 1000.00
	Category/Type 011

C. Full Name (Last, First, Middle Initial) Joe Walsh For Congress Committee, Inc. Mailing Address 830 W. Route 22 -Box 56 City Lake Zurich State IL Zip Code 60047 Purpose of Disbursement Candidate Name Rep. Joe Walsh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33117687 Date of Disbursement 03 / 24 / 2011 Amount of Each Disbursement this Period 2500.00
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Friends Of John Barrasso	Transaction ID: 33117690 Date of Disbursement 03 / 24 / 2011
	Mailing Address PO Box 52008	Amount of Each Disbursement this Period 1000.00
	City Casper State WY Zip Code 82605	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. John Barrasso, MD	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: 33117693 Date of Disbursement 03 / 24 / 2011
	Mailing Address PO Box 637	Amount of Each Disbursement this Period 1000.00
	City Hinsdale State IL Zip Code 60522	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Repr Judy Biggert	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Raul Labrador For Idaho	Transaction ID: 33117694 Date of Disbursement 03 / 24 / 2011
	Mailing Address PO Box 1616	Amount of Each Disbursement this Period 1000.00
	City Boise State ID Zip Code 83701	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Raul Labrador	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2012 <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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Sandy Adams For Congress <hr/> Mailing Address PO Box 1566 <hr/> City Orlando State FL Zip Code 32802 <hr/> Purpose of Disbursement 011 Candidate Name Sandy Adams Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: FL District: 24 2010 Primary - Debt	Transaction ID: 33117696 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 1 <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) Price For Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Thomas Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 06	Transaction ID: 33117699 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>
C.	Full Name (Last, First, Middle Initial) Buckeye Liberty PAC <hr/> Mailing Address 701 8th Street NW Suite 500 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement 011 Candidate Name Buckeye Liberty 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: 33117843 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">5000.00</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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Blaine For Congress 2012 <hr/> Mailing Address 217 Third St. SW <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Blaine Luetkemeyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33117857 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Bob Corker For Senate <hr/> Mailing Address 518 Georgia Ave 2nd Floor <hr/> City Chatanooga State TN Zip Code 37403 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Robert Corker <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: <hr/> Disbursement For: 2012 <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: 33121626 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngfield St #264 <hr/> City Wheat Ridge State CO Zip Code 80033 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Edwin Perlmutter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33121626 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Cleaver For Congress <hr/> Mailing Address 4801 Main Street, Stuite 1000 <hr/> City Kansas City State MO Zip Code 64112 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Emanuel Cleaver, II Office Sought: <input checked="" type="checkbox"/> House <input 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: MO District: 05	Transaction ID: 33121627 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period <hr/> 1000.00
B.	Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Kirsten Gillibrand 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: NY District:	Transaction ID: 33121629 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period <hr/> 1000.00
C.	Full Name (Last, First, Middle Initial) Dold For Congress <hr/> Mailing Address PO Box 8145 <hr/> City Northfield State IL Zip Code 60093 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Robert Dold Office Sought: <input checked="" type="checkbox"/> House <input 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: IL District: 10	Transaction ID: 33121766 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period <hr/> 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	90500.00