

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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 / / through / /

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 T. Holmes

Signature of Treasurer June T. Holmes [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | | 120226.21 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 131911.03 | |
| (c) Total Receipts (from Line 19) | 50294.68 | 62216.33 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 182205.71 | 182442.54 |
| 7. Total Disbursements (from Line 31)..... | 91968.94 | 92205.77 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 90236.77 | 90236.77 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

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)..... | 38722.50 | 40689.83 |
| (ii) Unitemized | 5915.44 | 10816.13 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 44637.94 | 51505.96 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 10000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 49637.94 | 61505.96 |
| 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)..... | 656.74 | 710.37 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 50294.68 | 62216.33 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 50294.68 | 62216.33 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 443.94 | 680.77 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 443.94 | 680.77 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 92500.00 | 92500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | -975.00 | -975.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 91968.94 | 92205.77 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 91968.94 | 92205.77 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 49637.94 | 61505.96 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 49637.94 | 61505.96 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 443.94 | 680.77 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 656.74 | 710.37 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -212.80 | -29.60 |

**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 OF 36 |
| | <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 (PCIPAC)

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Gerard Albanese | | Date of Receipt |
| Mailing Address 4521 Highwoods Pkwy | | <input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Glen Allen | VA | 23060-6148 |
| FEC ID number of contributing federal political committee. | | Transaction ID : E5AC9C23359848978E8E |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="3600.00"/> |
| Name of Employer | Occupation | |
| Markel Corporation Group | Executive Vice President and Chief Und | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="3600.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paul C. Blume | | Date of Receipt |
| Mailing Address 8700 W Bryn Mawr Ave Ste 1200S | | <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Chicago | IL | 60631-3512 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 20150213103933-3 |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="82.00"/> |
| Name of Employer | Occupation | |
| PCI | Senior Vice President, State Governmen | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="328.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paul C. Blume | | Date of Receipt |
| Mailing Address 8700 W Bryn Mawr Ave Ste 1200S | | <input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Chicago | IL | 60631-3512 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 20150226141551-3 |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="82.00"/> |
| Name of Employer | Occupation | |
| PCI | Senior Vice President, State Governmen | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="328.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="3764.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 36 |
| | <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 (PCIPAC)

A. Kurt Bock
Full Name (Last, First, Middle Initial)
Mailing Address 1701 Towanda Ave
City Bloomington State IL Zip Code 61701-2057
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 **02 / 20 / 2015**
Transaction ID : 3E0A81774DC168F8AF2
Amount of Each Receipt this Period **5000.00**

B. James P. Brannen
Full Name (Last, First, Middle Initial)
Mailing Address 5400 University Ave
City West Des Moines State IA Zip Code 50266-5950
FEC ID number of contributing federal political committee. **C**
Name of Employer FBL Financial Group Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 06 / 2015**
Transaction ID : AD4E2ED603AE461EAAB2
Amount of Each Receipt this Period **5000.00**

c. James R. Clay
Full Name (Last, First, Middle Initial)
Mailing Address 1 Park Cir
City Westfield Center State OH Zip Code 44251-9700
FEC ID number of contributing federal political committee. **C**
Name of Employer Westfield Group Occupation Westfield Group Chairman, CEO & Group
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 04 / 2015**
Transaction ID : 1D9C82C9D84141C78335
Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **15000.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 36 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Kevin M. Clement
 Full Name (Last, First, Middle Initial)
 Mailing Address 26777 Halsted Rd
 City Farmington Hills State MI Zip Code 48331-3577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amerisure Companies Occupation Director, Enterprise Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 20150206172924-3
 Amount of Each Receipt this Period
 100.00

B. Kevin M. Clement
 Full Name (Last, First, Middle Initial)
 Mailing Address 26777 Halsted Rd
 City Farmington Hills State MI Zip Code 48331-3577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amerisure Companies Occupation Director, Enterprise Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 20150206172924-35
 Amount of Each Receipt this Period
 100.00

C. Kevin M. Clement
 Full Name (Last, First, Middle Initial)
 Mailing Address 26777 Halsted Rd
 City Farmington Hills State MI Zip Code 48331-3577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amerisure Companies Occupation Director, Enterprise Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 20150210155129-3
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| 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 9 OF 36 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Henry W. "Hank" Edmiston
 Full Name (Last, First, Middle Initial)
 Mailing Address 2850 Lake Vista Dr
 Ste 150
 City Lewisville State TX Zip Code 75067-4297
 Name of Employer Fairfax (US) Inc. Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 FEC ID number of contributing federal political committee. C

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6D681CECB90E4A9090F7
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

B. John T. Fitts
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 Wilson Mills Rd
 N72
 City Mayfield Village State OH Zip Code 44143-2109
 Name of Employer Progressive Insurance Group Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 FEC ID number of contributing federal political committee. C

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : 47784C8E93E744FE931B
 Amount of Each Receipt this Period
 240.00
 Aggregate Year-to-Date ▼
 240.00

C. Bernard M. Flynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Sullivan Way
 City Ewing State NJ Zip Code 08628-3406
 Name of Employer NJM Insurance Group Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 FEC ID number of contributing federal political committee. C

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : 4F896118FA3DC3D0B03
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10240.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 36 |
| <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 (PCIPAC)

A. Michael F. Gerik
Full Name (Last, First, Middle Initial)
Mailing Address 7420 Fish Pond Rd
City Waco State TX Zip Code 76710-1010
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Farm Bureau Insurance Companies Occupation Executive Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **02 / 05 / 2015**
Transaction ID : 20150205151714-2
Amount of Each Receipt this Period **150.00**

B. Michael F. Gerik
Full Name (Last, First, Middle Initial)
Mailing Address 7420 Fish Pond Rd
City Waco State TX Zip Code 76710-1010
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Farm Bureau Insurance Companies Occupation Executive Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **02 / 17 / 2015**
Transaction ID : 20150217163041-2
Amount of Each Receipt this Period **150.00**

C. June Holmes
Full Name (Last, First, Middle Initial)
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S
City Chicago State IL Zip Code 60631-3512
FEC ID number of contributing federal political committee. **C**
Name of Employer PCI Occupation Chief Operating Officer and Treasurer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 12 / 2015**
Transaction ID : 20150213103933-25
Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **450.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 36 |
| | <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 (PCIPAC)

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. June Holmes | | Date of Receipt |
| Mailing Address 8700 W Bryn Mawr Ave Ste 1200S | | <input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/> |
| City Chicago | State IL | Zip Code 60631-3512 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 20150226141551-25 |
| Name of Employer PCI | | Amount of Each Receipt this Period |
| Occupation Chief Operating Officer and Treasurer | | <input type="text" value="150.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="600.00"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Micaela Isler | | Date of Receipt |
| Mailing Address 444 N Capitol St NW Ste 801 | | <input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> |
| City Washington | State DC | Zip Code 20001-1508 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 644E1BCE295349E39FB0 |
| Name of Employer PCI | | Amount of Each Receipt this Period |
| Occupation Assistant Vice President, State Govern | | <input type="text" value="50.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="310.00"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Micaela Isler | | Date of Receipt |
| Mailing Address 444 N Capitol St NW Ste 801 | | <input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/> |
| City Washington | State DC | Zip Code 20001-1508 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 20150226141551-26 |
| Name of Employer PCI | | Amount of Each Receipt this Period |
| Occupation Assistant Vice President, State Govern | | <input type="text" value="65.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="310.00"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="265.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 36 |
| | <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 (PCIPAC)

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

Mailing Address 8700 W Bryn Mawr Ave
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer PCI Occupation Vice President, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
02 / 26 / 2015
Transaction ID : 20150226141551-27

Amount of Each Receipt this Period
55.00

B. Byron L. Leflore Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 175 E Houston St
Ste 1300

City San Antonio State TX Zip Code 78205-2265

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

Name of Employer Argo Group US, Inc. Occupation Executive Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
02 / 19 / 2015
Transaction ID : A2B6B5B79411464B9913

Amount of Each Receipt this Period
1200.00

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

Mailing Address 444 N Capitol St NW
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer PCI Occupation Vice President, Federal Government Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.68

Date of Receipt
02 / 12 / 2015
Transaction ID : 20150213103933-33

Amount of Each Receipt this Period
104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 1359.17

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 36 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Tom Litjen
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer PCI Occupation Vice President, Federal Government Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.68

Date of Receipt
02 / 26 / 2015
Transaction ID : 20150226141551-33

Amount of Each Receipt this Period
104.17

B. Nicholas O. Matt
Full Name (Last, First, Middle Initial)

Mailing Address 180 Genesee St

City New Hartford State NY Zip Code 13413-2200

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

Name of Employer Utica National Insurance Group Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : 488E83D270D9BE80AD3

Amount of Each Receipt this Period
500.00

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

Mailing Address 1281 Murfreesboro Pike

City Nashville State TN Zip Code 37217-2423

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

Name of Employer Direct General Group Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
02 / 19 / 2015
Transaction ID : F8826A26BC0846D5825A

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2604.17

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 36 |
| | <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 (PCIPAC)

A. Michael E. Ravn
Full Name (Last, First, Middle Initial)
Mailing Address 3000 Schuster Ln
City Merrill State WI Zip Code 54452-3863
FEC ID number of contributing federal political committee. **C**
Name of Employer Church Mutual Insurance Company Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 02 / 19 / 2015
Transaction ID : E9BC63C203C0485EAC70
Amount of Each Receipt this Period 2700.00

B. Don Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 3535 W Pipkin Rd
City Lakeland State FL Zip Code 33811-2882
FEC ID number of contributing federal political committee. **C**
Name of Employer GEICO Occupation Assistant Vice President - Underwritin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2015
Transaction ID : 787CBBC25A00417B9C06
Amount of Each Receipt this Period 250.00

c. David Sampson
Full Name (Last, First, Middle Initial)
Mailing Address 444 N Capitol St NW Ste 801
City Washington State DC Zip Code 20001-1508
FEC ID number of contributing federal political committee. **C**
Name of Employer PCI Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 832.32

Date of Receipt 02 / 12 / 2015
Transaction ID : 20150213103933-45
Amount of Each Receipt this Period 208.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 3158.08
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 36 |
| | <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 (PCIPAC)

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

Mailing Address 444 N Capitol St NW
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer PCI Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.32**

Date of Receipt
02 / 26 / 2015
Transaction ID : 20150226141551-45

Amount of Each Receipt this Period
208.08

B. David I. Schonbrun
Full Name (Last, First, Middle Initial)

Mailing Address 520 Madison Ave
FI 32

City New York State NY Zip Code 10022-4213

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

Name of Employer Hiscox USA Occupation Head of Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
02 / 24 / 2015
Transaction ID : 3B0A2C78E9A84C53A0D0

Amount of Each Receipt this Period
240.00

C. Marguerite Tortorello
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer PCI Occupation Senior Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
02 / 12 / 2015
Transaction ID : 20150213103933-55

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... **598.08**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 36 |
| | <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 (PCIPAC)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Marguerite Tortorello | | Date of Receipt |
| Mailing Address 8700 W Bryn Mawr Ave Ste 1200S | | <input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/> |
| City Chicago | State IL | Zip Code 60631-3512 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 20150226141551-55 |
| Name of Employer PCI | Occupation Senior Vice President, Public Affairs | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | <input type="text" value="150.00"/> |
| | <input type="text" value="600.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ernest W. Weeks III | | Date of Receipt |
| Mailing Address 180 Genesee St | | <input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2015"/> |
| City New Hartford | State NY | Zip Code 13413-2200 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 9C566B13F75A973831A |
| Name of Employer Utica National Insurance Group | Occupation Marketing Manager | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | <input type="text" value="500.00"/> |
| | <input type="text" value="500.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Nathaniel Wienecke | | Date of Receipt |
| Mailing Address 444 N Capitol St NW Ste 801 | | <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2015"/> |
| City Washington | State DC | Zip Code 20001-1508 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 20150213103933-56 |
| Name of Employer PCI | Occupation Senior Vice President, Federal Governm | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | <input type="text" value="167.00"/> |
| | <input type="text" value="668.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="817.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

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

FOR LINE NUMBER: PAGE 17 OF 36
(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 (PCIPAC)

A. Nathaniel Wienecke
Full Name (Last, First, Middle Initial)
Mailing Address 444 N Capitol St NW
Ste 801
City Washington State DC Zip Code 20001-1508
FEC ID number of contributing federal political committee. **C**
Name of Employer PCI Occupation Senior Vice President, Federal Governm
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 668.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2015
Transaction ID : 20150226141551-56
Amount of Each Receipt this Period
167.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 167.00 |
| TOTAL This Period (last page this line number only).....▶ | 38722.50 |

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

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

FOR LINE NUMBER: PAGE 18 OF 36
(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 (PCIPAC)

A. Full Name (Last, First, Middle Initial)
 Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Mailing Address One Park Circle
 PO Box 5001

City Westfield Center State OH Zip Code 44251-5001

FEC ID number of contributing federal political committee. **C** C00376863

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 Y Y
 02 / 26 / 2015

Transaction ID : EAC6F8C042204B43A11C

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

A. Property Casualty Insurers Association of America
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 West Bryn Mawr Ave
 City Chicago State IL Zip Code 60631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **710.37**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2015
Transaction ID : 81E061CB55524E9C9FD7
 Amount of Each Receipt this Period
383.36
 Offset Operating Exp 01-22-15 to 02-17-15

B. Property Casualty Insurers Association of America
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 West Bryn Mawr Ave
 City Chicago State IL Zip Code 60631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **710.37**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2015
Transaction ID : D089F78999694F0D927A
 Amount of Each Receipt this Period
273.38
 Offset Operating Exp 02-18-15 to 02-26-15

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 656.74 |
| TOTAL This Period (last page this line number only).....▶ | 656.74 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Merchant CC Fees 02-06-2015

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 06 | / | 2015 |

Transaction ID : E6B0B8CA6758CF3375E

Amount of Each Disbursement this Period

| |
|--------|
| 145.30 |
|--------|

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Merchant CC Fees 02-20-2015

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 20 | / | 2015 |

Transaction ID : 73A91A980556A61185A

Amount of Each Disbursement this Period

| |
|------|
| 7.55 |
|------|

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Merchant CC Fees 02-26-2015

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 26 | / | 2015 |

Transaction ID : 51730CD7ACA62FDA02E

Amount of Each Disbursement this Period

| |
|------|
| 7.13 |
|------|

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

| |
|--------|
| 159.98 |
|--------|

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 135 S LaSalle Street, 7th Floor

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Check Stock Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9BD3887F6513E88F34A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Ann L. Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 20 | | 2015 |

Transaction ID : 65EF61E827F6F42C530

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Bennet for Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Michael F. Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 20 | | 2015 |

Transaction ID : 2713317A8F99CA77C81

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Blaine for Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

W. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 20 | | 2015 |

Transaction ID : 897F0699569D1F8653E

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Bob Goodlatte for Congress Committee

Mailing Address PO Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
2016 Primary

011

Candidate Name

Robert William Goodlatte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : AE2BB49733A14480F13

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8770 Sunset Drive #355

City Miami State FL Zip Code 33173

Purpose of Disbursement
2016 Primary

011

Candidate Name

Carlos Curbelo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 51F9EF06D19E6A94DBA

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Citizens for Waters

Mailing Address 3700 Wilshire Blvd., Ste. 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
2016 Primary

011

Candidate Name

Maxine Waters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 82B78D4BC085F46D135

Amount of Each Disbursement this Period

5000.00

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

9500.00

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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
2016 Primary

011

Candidate Name

Emanuel Cleaver II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 24A47BA6BEF8F89E5A2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 665FE4708C01227938B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : F6234E439421D881653

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. French Hill for Arkansas

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

J. French Hill

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : 8B9445FA5BD7A8F6044

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Thomas Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : 2B60455BC7BEDA19763

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Friends of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : 3BB851030153A7FE4FE

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

John A. Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 048537B3ADE75CF334F

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

John Randolph Thune

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : C97EA8193F558BFAC45

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Patrick Joseph Toomey

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 52C39D5FDA93ED0F456

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Roy D. Blunt

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

Date of Disbursement

/ /

Transaction ID : ECDEEA2FA7A29C4A252

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name
Charles E. Schumer

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

Date of Disbursement

/ /

Transaction ID : E8A07B5050D36B54B70

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Charles E. Schumer

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

Date of Disbursement

/ /

Transaction ID : 92A74A436991E68213E

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 20 | / | 2015 |

Transaction ID : F3CD04F041B25D1327D

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 20 | / | 2015 |

Transaction ID : D5B0594280844B55E3E

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Johnny Isakson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 20 | / | 2015 |

Transaction ID : 10CD9701D28C3FE25B9

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

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

| |
|---------|
| 6500.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Dean Heller

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 016436F1B8829B5644E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Darrell Issa

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : EE54A74CD954878FF4E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Kevin McCarthy

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : 9AC19B8F09CF6AFD4A8

Amount of Each Disbursement this Period

2500.00

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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 973D8DA08A51D75F925

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement
2016 General

011

Candidate Name

Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 4665A8A6BA3B10D2B71

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603-1406

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 560EA1817766838781A

Amount of Each Disbursement this Period

2500.00

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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Moderate Democrats PAC

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : AF84C51A52D10EA2A72

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Moore for Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Gwendolynne Moore

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : D0EF5D5000E36BA318B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

NRCC

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 609BFBF3821D99DB074

Amount of Each Disbursement this Period

5000.00

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

12500.00

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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Nrsc

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Nrsc

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : E1CAEF8903CC482D4C9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. People Helping People

Mailing Address 555 South Flower Street, #4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Void 9/25/2014 contribution - lost check

011

Category/
Type

Candidate Name

People Helping People

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : 863253EE895F34A9AEC

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Poliquin for Congress

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Bruce L. Poliquin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: ME District: 02

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 685B1116584F937008D

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

Use separate schedule(s)
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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 |
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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Poliquin for Congress

Mailing Address PO Box 50

City State Zip Code
Oakland ME 04963

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Bruce L. Poliquin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

/ /

Transaction ID : EB93251151B1C08FB45

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City State Zip Code
Dublin OH 43017-8914

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name

Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

/ /

Transaction ID : DC6ECC660613F7627A3

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Steve Fincher for Congress

Mailing Address PO Box 11153

City State Zip Code
Jackson TN 38308

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Stephen Lee Fincher

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

/ /

Transaction ID : 0DC88196FAF829A4416

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**

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Timothy Eugene Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

/ /

Transaction ID : FA846E4B180930DEF12

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

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)
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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 (PCIPAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Bruce Tutvedt

Mailing Address 2335 West Valley Drive

City Kalispell State MT Zip Code 59901

Purpose of Disbursement
Void 10/22/2014 contribution - lost check

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : 3A324E1E816BBE09E3C

Amount of Each Disbursement this Period

-150.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Elsie Arntzen

Mailing Address 2323 Azalea Ln.

City Billings State MT Zip Code 59102

Purpose of Disbursement
Void 10/22/2014 contribution - lost check

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : 32788F9AC82283BA999

Amount of Each Disbursement this Period

-150.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Steve Fitzpatrick

Mailing Address 3215 15th Avenue South

City Great Falls State MT Zip Code 59405

Purpose of Disbursement
Void 10/22/2014 contribution - lost check

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : 8E5A24A490012D93CAA

Amount of Each Disbursement this Period

-150.00

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

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

-450.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

Full Name (Last, First, Middle Initial)

A. House Victory PAC

Mailing Address 16018 E. Twin Acres Dr.

City State Zip Code
Gilbert AZ 85298

Purpose of Disbursement
Void 9/25/2014 contribution - lost check

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 09 / 2015

Transaction ID : 307EF65098A6CF6D735

Amount of Each Disbursement this Period

-375.00

Full Name (Last, First, Middle Initial)

B. Jonathan McNiven for HD 44

Mailing Address 3445 rock Piller Road

City State Zip Code
Huntley MT 59037

Purpose of Disbursement
Void 10/22/2014 contribution - lost check

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 09 / 2015

Transaction ID : B1C751611ED6D526169

Amount of Each Disbursement this Period

-150.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

-525.00

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

-975.00