

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 (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 08 01 2010 through 08 31 2010

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 09 17 2010

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

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

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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		162108.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	273324.09									
(c) Total Receipts (from Line 19)	16160.95	386506.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	289485.04	548615.04								
7. Total Disbursements (from Line 31)	68870.00	328000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	220615.04	220615.04								
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)	12947.55	244846.19
(ii) Unitemized	2194.39	61033.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15141.94	305879.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	70000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15141.94	375879.49
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	1000.00	10500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	19.01	126.95
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))	16160.95	386506.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16160.95	386506.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	66870.00	299500.00
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	28500.00
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))..	66870.00	328000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66870.00	328000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15141.94	375879.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15141.94	375879.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert H. Zetterstrom

Mailing Address 2 Hart Lane

City State Zip Code
Ringoos NJ 08551-1007

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

Name of Employer Occupation
NJM Insurance Group Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 32102823

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Andrew Furgatch

Mailing Address c/o PSM Insurance Companies
One Park Avenue

City State Zip Code
New York NY 10016-5802

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

Name of Employer Occupation
Magna Carta Companies Chairman and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 32118055

Amount of Each Receipt this Period
3600.00

C. 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
08 / 10 / 2010

Transaction ID: 32122472

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<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) Ms. Barbara Baurer		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 2844 St. Andrews		Transaction ID: 32186417		
	City El Paso	State IL	Zip Code 61738-1746	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COUNTRY Insurance and Financial Service	Occupation C.O.O.	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Arthur G Davis		Date of Receipt MM / DD / YYYY 08 / 24 / 2010		
	Mailing Address 4707 E Michigan Ave.		Transaction ID: 32194691		
	City Phoenix	State AZ	Zip Code 85032-9517	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Argo Group US, Inc.	Occupation Vice President	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Ronald M Vindivich		Date of Receipt MM / DD / YYYY 08 / 24 / 2010		
	Mailing Address 561 Raleigh Manor Rd.		Transaction ID: 32194692		
	City Richmond	State VA	Zip Code 23229-7173	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Colony Group	Occupation Vice President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 46
(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. Dan Sondles, CPCU

Mailing Address 637 Tamarac Trail

City State Zip Code
Wadsworth OH 44281-2367

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

Name of Employer Occupation
Westfield Group Chief Legislative Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 27 / 2010

Transaction ID: 32199232

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael E Arledge

Mailing Address 10101 Reunion Place #450

City State Zip Code
San Antonio TX 78216-4197

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

Name of Employer Occupation
Argo Group US, Inc. President Commercial Specialty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: 32221330

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address Corporate Centre
1949 East Sunshine

City State Zip Code
Springfield MO 65899-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456193324409

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<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. James P Brannen		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 3329 Waterberry Circle		Transaction ID: PR1456262924409
	City Waukees	State IA	Zip Code 50263-8151
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.46
	Name of Employer FBL Financial Group	Occupation Vice President Finance	P/R Deduction (\$45.46 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.22		

B.	Full Name (Last, First, Middle Initial) Ms. June T. Holmes		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 409 S. Vine		Transaction ID: PR1456336824409
	City Park Ridge	State IL	Zip Code 60068-4145
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Property Casualty Insurers Association	Occupation Treasurer & COO	P/R Deduction (\$150.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00		

C.	Full Name (Last, First, Middle Initial) Ms. Joanne M. Orfanos		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2104 Butternut Lane		Transaction ID: PR1456395524409
	City Northbrook	State IL	Zip Code 60062-6608
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Property Casualty Insurers Association	Occupation Sr VP Membership & Marketing Communica	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)	445.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Bruce D Trost

Mailing Address 13749 Bay Hill Court

City State Zip Code
Clive IA 50325-8563

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

Name of Employer Occupation
FBL Financial Group Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.36

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456453324409

Amount of Each Receipt this Period
416.67

P/R Deduction (\$416.67 Monthly)

B.

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 Occupation
Property Casualty Insurers Association Vice President Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1704.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456541524409

Amount of Each Receipt this Period
213.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Jon D. Srna

Mailing Address 512 J.C. Rogers

City State Zip Code
Wamego KS 66547

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

Name of Employer Occupation
FBL Financial Group Business Operations Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.36

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456671224409

Amount of Each Receipt this Period
29.17

P/R Deduction (\$29.17 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **658.84**

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 / 46
	<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. Steven Wittmuss		Date of Receipt
	Mailing Address 7410 Lambert Place		<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 08 / 31 / 2010
	City	State	Zip Code
	Lincoln	NE	68516-5813
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1456694624409
Name of Employer FBL Financial Group		Occupation Property Claims Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Ms. Susan G. Vincent		Date of Receipt
	Mailing Address 1787 Sheffield		<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 08 / 31 / 2010
	City	State	Zip Code
	Birmingham	MI	48009-7224
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1456707724409
Name of Employer Amerisure Companies		Occupation VP-General Counsel & Sec.	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 ▼ 850.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Timothy J. Quinn		Date of Receipt
	Mailing Address 5749 Old US 23		<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 08 / 31 / 2010
	City	State	Zip Code
	Fenton	MI	48430-9372
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1456707824409
Name of Employer Amerisure Companies		Occupation VP-Treasury	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 ▼ 425.00	<input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 46
(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. David B. Hostetter

Mailing Address 37154 Weymouth

City Livonia State MI Zip Code 48152-4096

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

Name of Employer Amerisure Companies Occupation VP-Und & Prod Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1456707924409

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Pamela A. Burgess

Mailing Address 2604 Eaton Cross

City Royal Oak State MI Zip Code 48073-3723

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

Name of Employer Amerisure Companies Occupation VP Strategic Process Des

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1456708024409

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debra Szmagaj

Mailing Address 1267 Old Milford Farms

City Milford State MI Zip Code 48381-3373

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

Name of Employer Amerisure Companies Occupation VP Bus. Application Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1456708124409

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Don A. Smith

Mailing Address 54021 Trent River Drive

City State Zip Code
Shelby Township MI 48315-1438

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

Name of Employer Occupation
Amerisure Companies VP-Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR1456708224409

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 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 ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR1456708424409

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Roy D Kinnan

Mailing Address 46139 Galway Drive

City State Zip Code
Novi MI 48374-3972

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

Name of Employer Occupation
Amerisure Companies SR VP-CFO & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR1456708924409

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Derick Adams

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-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1456719924409
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr Frank L. Petersmark, III

Mailing Address 30611 Munger

City Livonia State MI Zip Code 48154-6234

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

Name of Employer Amerisure Companies Occupation VP-Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1456720124409
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

C.

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

Mailing Address 45000 Drocton

City Novi State MI Zip Code 48375-3802

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

Name of Employer Amerisure Companies Occupation VP-Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1456720624409
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 190.00

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 15 / 46
	<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. Michael Dieterle	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 47202 White Pines Drive	Transaction ID: PR1456721824409
	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 & Undrwrtng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

B.	Full Name (Last, First, Middle Initial) Mr. Donald Griffin	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1706 Belcourt Lane	Transaction ID: PR1456723324409
	City State Zip Code Elgin IL 60120-7541	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Vice President Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Donald J. Seibel	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1537 South 45th	Transaction ID: PR1456728824409
	City State Zip Code West Des Moines IA 50265-5765	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer FBL Financial Group	Occupation Vice President Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<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) Mr. Stephen W. Broadie	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 480 Florian Drive	Transaction ID: PR1456730424409
	City State Zip Code Des Plaines IL 60016-5716	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Vice President Financial Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Ms. Ann Marie Weber	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1432 South Fairview	Transaction ID: PR1456730724409
	City State Zip Code Park Ridge IL 60068-5210	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation VP, Regional Manager State Government	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) Mr. Douglas W Gumm	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 801 NE Lakeview Drive	Transaction ID: PR1456737824409
	City State Zip Code Ankeny IA 50021-4542	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer FBL Financial Group	Occupation VP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46
(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. Brett L Clausen

Mailing Address 12955 E Mercer Lane

City State Zip Code
Scottsdale AZ 85259-4416

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

Name of Employer Occupation
FBL Financial Group Business Unit Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 885.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456751424409

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

B.

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

Mailing Address 12135 Flambeau Drive

City State Zip Code
Palos Heights IL 60463-1659

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

Name of Employer Occupation
Property Casualty Insurers Association Director State Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456768824409

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Jeff Fuller

Mailing Address 4921 Keane Drive

City State Zip Code
Carmichael CA 95608-6025

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

Name of Employer Occupation
Property Casualty Insurers Association Vice President and General Counsel ACI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1456783924409

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **310.00**

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 / 46
(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. Edward H. Wagner

Mailing Address 1259 Dorchester

City Birmingham State MI Zip Code 48009-5995

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

Name of Employer Amerisure Companies Occupation VP-Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1525802224409
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Randy M. Lester

Mailing Address 501 Hickory Lake Drive

City Brandon State FL Zip Code 33511-6337

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

Name of Employer Amerisure Companies Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1556188124409
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Todd B. Ruthruff

Mailing Address 14615 Tudor Chase Drive

City Tampa State FL Zip Code 33626-3338

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

Name of Employer Amerisure Companies Occupation VP - Agency Ser Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1566733124409
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms. Judith D. Greer

Mailing Address 28454 Elmira

City Livonia State MI Zip Code 48150-3105

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

Name of Employer Amerisure Companies Occupation Tech Mgr, Quality & Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1577038924409

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Mark F. Fox

Mailing Address 29911 Robert

City Livonia State MI Zip Code 48150-3045

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

Name of Employer Amerisure Companies Occupation VP Special Risk Undrwrtg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1578285424409

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Lori Lee Tobis

Mailing Address 450 South Vernon

City Dearborn State MI Zip Code 48124-1393

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

Name of Employer Amerisure Companies Occupation AVP Ins Ops Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1578285724409

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 46
(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)
Ms. Ann W. Spragens
Mailing Address 5510 Chase Avenue
City Downers Grove State IL Zip Code 60515-4268
FEC ID number of contributing federal political committee. **C**
Name of Employer Property Casualty Insurers Association Occupation Sr Vice President, Secretary & General
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00
Date of Receipt 08 / 31 / 2010
Transaction ID: PR1632493224409
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Yvonne Macks Hobson
Mailing Address 8933 Minne Wana Road
City Clarkston State MI Zip Code 48348-3318
FEC ID number of contributing federal political committee. **C**
Name of Employer Amerisure Companies Occupation VP-Underwriting
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00
Date of Receipt 08 / 31 / 2010
Transaction ID: PR1633306024409
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Benjamin J. McKay
Mailing Address 1401 South Joyce Street
City Arlington State VA Zip Code 22202-1874
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 ▼ 1666.72
Date of Receipt 08 / 31 / 2010
Transaction ID: PR1695170224409
Amount of Each Receipt this Period 208.34
P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **338.34**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 46
(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)
Ms. Jean Demas

Mailing Address 2839 St. Anton Court

City State Zip Code
Lisle IL 60532-3429

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

Name of Employer: Property Casualty Insurers Association
Occupation: Assistant Vice President Publishing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR1716716524409
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$15.00 Semi-Monthly)

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

Mailing Address 3917 Barcroft Mews Court

City State Zip Code
Falls Church VA 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 ▼ 1666.72

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR1790384224409
 Amount of Each Receipt this Period: 208.34
 P/R Deduction (\$104.17 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr Dale D Chula

Mailing Address 14780 Hawthorn Drive

City State Zip Code
Clive IA 50325-7765

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

Name of Employer: FBL Financial Group
Occupation: Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR1810342424409
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 288.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<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 Joe Woods		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2100 Plumbrook		Transaction ID: PR1812180424409
	City Austin	State TX	Zip Code 78746-6232
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Property Casualty Insurers Association	Occupation Asst VP State Government Relations	P/R Deduction (\$15.00 Semi-Monthly)
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) D. Kenton Brine		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1500 Water Street SW No 2		Transaction ID: PR1829855024409
	City Olympia	State WA	Zip Code 98501-2295
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Property Casualty Insurers Association	Occupation Asst. VP State Government Relations	P/R Deduction (\$30.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

C.	Full Name (Last, First, Middle Initial) Ms Kelly Campbell		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 228 Sugarbin Ct.		Transaction ID: PR1932624224409
	City Longmont	State CO	Zip Code 80501-9715
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Property Casualty Insurers Association	Occupation VP State Government Relations	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	▶	130.00
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 23 / 46
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel H. Johnson

Mailing Address 10715 David Taylor Dr.
Suite 500

City State Zip Code
Charlotte NC 28262-1283

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

Name of Employer Occupation
Amerisure Companies AVP-CSC Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1936820224409

Amount of Each Receipt this Period
24.00

P/R Deduction (\$12.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Rebecca Chapa

Mailing Address 26777 Halsted Road

City State Zip Code
Farmington Hills MI 48331-3577

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

Name of Employer Occupation
Amerisure Companies Underwriting Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2020348624409

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

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

Mailing Address 26777 Halsted Road

City State Zip Code
Farmington Hills MI 48331-3577

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

Name of Employer Occupation
Amerisure Companies VP Gov Rel & Counselor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2020349224409

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional) ► **174.00**

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 / 46
(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)
Debra Even

Mailing Address 26777 Halsted

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation AVP, Credit & Collection

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR2059592224409

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Harry J. Dell

Mailing Address 2316 Hulett Avenue

City Faribault State MN Zip Code 55021-2273

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

Name of Employer Austin Mutual Insurance Company Occupation 1st Vice President & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 347.38

Date of Receipt 08 / 31 / 2010

Transaction ID: PR2127495024409

Amount of Each Receipt this Period 63.16

P/R Deduction (\$31.58 Semi-Monthly)

C.

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

Mailing Address 174 Meadow View Lane

City Lansdale State PA Zip Code 19446-5931

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

Name of Employer PMA Insurance Group Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR2151653924409

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► **213.16**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 46
(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)
Ryan N Albers

Mailing Address 3416 Giles St.

City State Zip Code
West Des Moines IA 50265-4025

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

Name of Employer FBL Financial Group Occupation Commercial Agriculture Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.72

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR2194012424409

Amount of Each Receipt this Period
33.34

P/R Deduction (\$33.34 Monthly)

B.

Full Name (Last, First, Middle Initial)
Susan Halterman

Mailing Address 5698 Chatham Street

City State Zip Code
Johnston IA 50131-8779

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

Name of Employer FBL Financial Group Occupation Director, Data Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR2194734624409

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Joel B Jacobsen

Mailing Address 3279 N Avenue

City State Zip Code
Adel IA 50003-8142

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

Name of Employer FBL Financial Group Occupation Vice President Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR2194735124409

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **108.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 46
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Jane E Keister

Mailing Address 604 W Walnut

City State Zip Code
Riley KS 66531-9644

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

Name of Employer Occupation
FBL Financial Group Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.72

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR2194736024409

Amount of Each Receipt this Period: 33.34

P/R Deduction (\$33.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Ronald L Mead

Mailing Address 2972 Country Ridge Lane

City State Zip Code
Syracuse NE 68446-7849

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

Name of Employer Occupation
FBL Financial Group Senior Director of Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.11

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR2194737924409

Amount of Each Receipt this Period: 32.73

P/R Deduction (\$32.73 Monthly)

C. Full Name (Last, First, Middle Initial)
Leo M Orth, Jr

Mailing Address 14614 Wilden Drive

City State Zip Code
Urbandale IA 50323-2070

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

Name of Employer Occupation
FBL Financial Group Vice President Research & Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR2194743424409

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 126.07

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 46
(check only one)

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

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

A.

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

Mailing Address 2435 Luckett Ave

City State Zip Code
Vienna VA 22180-6819

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

Name of Employer
Property Casualty Insurers Association
Occupation
President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2840.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR2228336724409

Amount of Each Receipt this Period
355.00

P/R Deduction (\$177.50 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Ms. Ann Gray

Mailing Address 3309 Holly Street

City State Zip Code
Alexandria VA 22305-1824

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

Name of Employer
Property Casualty Insurers Association
Occupation
Asst to President & Director DC Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR2228782924409

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 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
Property Casualty Insurers Association
Occupation
VP Industry, Regulatory and Political

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR2247336324409

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **505.00**

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 / 46
(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)
Mr. Scott A. Kappmeyer

Mailing Address 1054 186th Street

City State Zip Code
Homewood IL 60430-3518

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

Name of Employer: Property Casualty Insurers Association
Occupation: Vice President Finance and Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR2247688724409
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Richard J. Kypta

Mailing Address 1420 Tulip Tree Lane

City State Zip Code
West Des Moines IA 50266-6665

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

Name of Employer: FBL Financial Group
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR2256803724409
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

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

Mailing Address 4711 North Kenmore

City State Zip Code
Chicago IL 60640-5980

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

Name of Employer: Property Casualty Insurers Association
Occupation: Sr Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: PR2357924924409
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$150.00 Semi-Monthly)

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: PAGE 29 / 46
(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)
Shannon Lee Smith

Mailing Address 631 Ashton Lane

City State Zip Code
South Elgin IL 60177-3713

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

Name of Employer American National Property and Casualty
Occupation EVP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR2367233524409

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1024 Oak Tree Drive

City State Zip Code
Lawrence KS 66049-3871

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

Name of Employer Farm Bureau Mutual Insurance Company
Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR2380080424409

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Paul Blume, JR

Mailing Address 430 W. sheridan Place

City State Zip Code
Lake Bluff IL 60044-2327

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR2400795624409

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Semi-Monthly)

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: PAGE 30 / 46
(check only one)

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

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

A.

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

Mailing Address 1502 Woodacre Drive

City State Zip Code
McLean VA 22101-2537

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

Name of Employer Property Casualty Insurers Association
Occupation Sr VP Policy Development and Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR2400795824409
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Christina Preisig

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer PMA Insurance Group
Occupation Sr Vice President Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR2412362624409
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Richard W Ramell

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer PMA Insurance Group
Occupation Branch Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR2412362724409
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 / 46
(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. John Santulli

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer PMA Insurance Group Occupation Exec Vice President Risk Services and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2412362824409

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Kurt L Schuhl

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer PMA Insurance Group Occupation Sr Vice President & Chief Claims Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2412362924409

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Semi-Monthly)

C.

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

Mailing Address 102 W Hagerman

City State Zip Code
Carlsbad NM 88220-5819

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

Name of Employer Farm Bureau Mutual Insurance Company Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2439829324409

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

TOTAL This Period (last page this line number only) ► **12947.55**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 46	
	(check only one)			
<input 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 checked="" 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)
Bennett Election Committee

Mailing Address 75 SOUTH WEST TEMPLE SUITE 650

City	State	Zip Code
Salt Lake City	UT	84101

FEC ID number of contributing federal political committee. **C** C00343327

Name of Employer	Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	1	0

Transaction ID: 32118054

Amount of Each Receipt this Period

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Friends Of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Roy Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32088107 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Vitter For US Senate <hr/> Mailing Address PO Box 8175 <hr/> City Metairie State LA Zip Code 70011 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. David Vitter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32150405 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gardner For Congress <hr/> Mailing Address PO Box 2408 <hr/> City Loveland State CO Zip Code 80539 <hr/> Purpose of Disbursement <hr/> Candidate Name Cory Gardner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151350 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dan Coats for Indiana <hr/> Mailing Address P. O. Box 301141 <hr/> City Indianapolis State IN Zip Code 46230 <hr/> Purpose of Disbursement <hr/> Candidate Name Dan Coats <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151378 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress <hr/> Mailing Address P.O. Box 10322 <hr/> City Raleigh State NC Zip Code 27605 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bradley Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151379 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Montanans for Rehberg <hr/> Mailing Address P.O. Box 6547 <hr/> City Helena State MT Zip Code 59604-6547 <hr/> Purpose of Disbursement <hr/> Candidate Name Lt. Dennis Rehberg <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151384 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 011 Candidate Name Sena Michael Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 32151393 Date of Disbursement 08 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) The Bluegrass Committee <hr/> Mailing Address 400 North Capitol Street, NW Suite 585 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 32151651 Date of Disbursement 08 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Carper for Senate <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Sena Thomas Carper 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: DE District:	Transaction ID: 32151688 Date of Disbursement 08 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 870.00

SUBTOTAL of Disbursements This Page (optional) ▶

5870.00

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) Adler For Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. John Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151694 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) South Dakota First <hr/> Mailing Address PO Box 155 <hr/> City Souix Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name South Dakota First <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> 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	Transaction ID: 32151698 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Kristi For Congress <hr/> Mailing Address PO Box 852 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name Ms. Kristi Noem <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151698 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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) Friends Of Stephene Moore		Transaction ID: 32151699	
	Mailing Address PO Box 19550		Date of Disbursement 08 / 11 / 2010	
	City Lenexa	State KS	Zip Code 66285	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Stephene Moore				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS District: 03				
B.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress		Transaction ID: 32151700	
	Mailing Address Post Office Box 112		Date of Disbursement 08 / 11 / 2010	
	City Burlingame	State CA	Zip Code 94011	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Jackie Speier				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 12				
C.	Full Name (Last, First, Middle Initial) Bill Foster for Congress		Transaction ID: 32151704	
	Mailing Address PO Box 703		Date of Disbursement 08 / 11 / 2010	
	City Geneva	State IL	Zip Code 60134	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Bill Foster				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 14				

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Christopher Murphy

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CT District: 05

Transaction ID: 32151751

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Friends of Blanche Lambert Lincoln

Mailing Address PO Box 3197

City Little Rock State AR Zip Code 72203-3197

Purpose of Disbursement

Category/
Type

Candidate Name
Sena Blanche Lincoln

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: AR District:

Transaction ID: 32151859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Perlmutter For Congress

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Edwin Perlmutter

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CO District: 07

Transaction ID: 32151862

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 (P-CIPAC)

<p>A. Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gwen Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 04</p>	<p>Transaction ID: 32151867 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>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</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	8		1	1		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	1		2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Jim Himes For Congress</p> <p>Mailing Address 857 Post Road, #312</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04</p>	<p>Transaction ID: 32151886 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>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	1		2	0	1	0													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Daniel Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25</p>	<p>Transaction ID: 32151887 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>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</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	8		1	1		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	1		2	0	1	0													
1000.00																						

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) Patrick Murphy For Congress <hr/> Mailing Address P.O. Box 868 <hr/> City Levittown State PA Zip Code 19058 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Patrick Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32151888 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Scott Murphy For Congress <hr/> Mailing Address 5 South Side Dr. #224 <hr/> City Clifton Park State NY Zip Code 12065 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2000.00	
011 Category/ Type	Transaction ID: 32152057 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Tim Scott For Congress <hr/> Mailing Address 1405 Ashley River Road <hr/> City Charleston State SC Zip Code 29407 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Timothy Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32152057 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: 32153798 Date of Disbursement 08 / 13 / 2010
	Mailing Address 7908-I Cincinnati Dayton Road	Amount of Each Disbursement this Period 3500.00
	City West Chester State OH Zip Code 45069	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Repr John Boehner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 32153809 Date of Disbursement 08 / 13 / 2010
	Mailing Address PO Box 16646	Amount of Each Disbursement this Period 500.00
	City Milwaukee State WI Zip Code 53216	011 Category/ Type
	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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Donnelly for Congress	Transaction ID: 32153810 Date of Disbursement 08 / 13 / 2010
	Mailing Address 499 South Capitol Street, SW Suite 404	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20003	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Joe Donnelly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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) Driehaus For Congress <hr/> Mailing Address 650 Fox Trails Way <hr/> City Cincinnati State OH Zip Code 45233 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steve Driehaus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32153841 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Childers For Congress <hr/> Mailing Address PO Box 177 <hr/> City Booneville State MS Zip Code 38829 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Travis Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 32153869 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Toomey For Senate Committee <hr/> Mailing Address 2720 Jordan Road <hr/> City Orefield State PA Zip Code 18069 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Patrick Toomey <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32153869 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Al Green For Congress</p> <p>Mailing Address Post Office Box 20174 Suite 321</p> <p>City Houston State TX Zip Code 77225</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Al Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 09</p>	<p>Transaction ID: 32153873</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	1	0													
1000.00																						
<p>B.</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 07</p>	<p>Transaction ID: 32153875</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	1	0													
1000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cleaver For Congress</p> <p>Mailing Address 4801 Main Street, Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Emanuel Cleaver, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 05</p>	<p>Transaction ID: 32153876</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Ellison For Congress	Transaction ID: 32153909
	Mailing Address PO Box 6072	Date of Disbursement 08 / 13 / 2010
	City Minneapolis State MN Zip Code 55406	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Keith Ellison Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Ruben Hinojosa for Congress	Transaction ID: 32153911
	Mailing Address 4415 North McColl Road	Date of Disbursement 08 / 13 / 2010
	City McAllen State TX Zip Code 78504	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Repr Ruben Hinojosa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ron Johnson For Senate Inc	Transaction ID: 32153914
	Mailing Address 601 Oregon Street Suite A	Date of Disbursement 08 / 13 / 2010
	City Oshkosh State WI Zip Code 54902	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Candidate Name Mr. Ronald Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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)

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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)
Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Rob Portman

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District:

Transaction ID: 32153917
Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
National Democratic Party

Mailing Address

City State NJ Zip Code

Purpose of Disbursement
Void - National Democratic Party

011
Category/
Type

Candidate Name

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

Transaction ID: 32241386
Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

-1000.00

Void - National Democratic Party

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

66870.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Friends of Scott Walker	Transaction ID: 32157404 Date of Disbursement MM / DD / YYYY 08 / 16 / 2010
	Mailing Address P. O. Box 100828	Amount of Each Disbursement this Period 1000.00
	City Wauwatosa State WI Zip Code 53210	
	Purpose of Disbursement Scott Walker, GOVERNOR WI	011 Category/ Type
	Candidate Name Scott Walker	
	Office Sought: <input 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: District:	Scott Walker, GOVERNOR WI
B.	Full Name (Last, First, Middle Initial) Friends of Scott Walker	Transaction ID: 32180192 Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	Mailing Address P. O. Box 100828	Amount of Each Disbursement this Period 1000.00
	City Wauwatosa State WI Zip Code 53210	
	Purpose of Disbursement Scott Walker, GOVERNOR WI	011 Category/ Type
	Candidate Name Scott Walker	
	Office Sought: <input 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: District:	Scott Walker, GOVERNOR WI

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00