

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
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

ADDRESS (number and street) 6000 American Parkway
 Check if different than previously reported. (ACC)
Madison WI 53783

2. **FEC IDENTIFICATION NUMBER** C00354290
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 06 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Heidi Krumenauer

Signature of Treasurer Electronically Filed by Heidi Krumenauer Date 07 15 2009

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		9101.44
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	4074.38									
(c) Total Receipts (from Line 19)	4309.98	27412.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8384.36	36514.40								
7. Total Disbursements (from Line 31)	5000.00	33130.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3384.36	3384.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

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)	1353.83	3904.89
(ii) Unitemized	2956.15	22508.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4309.98	26412.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4309.98	26412.96
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4309.98	27412.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4309.98	27412.96

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.....	5000.00	33000.00
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	130.04
(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	130.04
29. Other Disbursements.....	0.00	0.00
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))..	5000.00	33130.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	33130.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 24

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	4309.98	26412.96
34. Total Contribution Refunds (from Line 28(d))	0.00	130.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4309.98	26282.92
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 7 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

<p>A. Full Name (Last, First, Middle Initial) Mark V. Afable</p> <p>Mailing Address 1826 Carrington Drive</p> <p>City State Zip Code Sun Prairie WI 53590-3544</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Family Insurance Group Occupation Exec VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 327.90</p>	<p>Date of Receipt 06 / 12 / 2009</p> <p>Transaction ID: 20090610080005-10</p> <p>Amount of Each Receipt this Period 27.93</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark V. Afable</p> <p>Mailing Address 1826 Carrington Drive</p> <p>City State Zip Code Sun Prairie WI 53590-3544</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Family Insurance Group Occupation Exec VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 327.90</p>	<p>Date of Receipt 06 / 26 / 2009</p> <p>Transaction ID: 20090624080005-10</p> <p>Amount of Each Receipt this Period 27.92</p>
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<p>C. Full Name (Last, First, Middle Initial) David R. Anderson</p> <p>Mailing Address 2525 Middleton Beach Road</p> <p>City State Zip Code Middleton WI 53562-2912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Family Insurance Group Occupation Chairman Chief Exec</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 06 / 12 / 2009</p> <p>Transaction ID: 20090610080005-2</p> <p>Amount of Each Receipt this Period 30.00</p>
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SUBTOTAL of Receipts This Page (optional)	85.85
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 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

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

Mailing Address 2525 Middleton Beach Road

City Middleton State WI Zip Code 53562-2912

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

Name of Employer American Family Insurance Group
Occupation Chairman Chief Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 26 / 2009

Transaction ID: 20090624080005-2

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Thomas J. Anfenon

Mailing Address 339 Bluff Road

City Carver State MN Zip Code 55315-9511

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 12 / 2009

Transaction ID: 20090610080005-242

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Thomas J. Anfenon

Mailing Address 339 Bluff Road

City Carver State MN Zip Code 55315-9511

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 26 / 2009

Transaction ID: 20090624080005-240

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Lisa R. Bacus

Mailing Address 4915 Champions Run

City Middleton State WI Zip Code 53562-4078

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

Name of Employer American Family Insurance Group Occupation Marketing VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.59

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-40
 Amount of Each Receipt this Period 24.15

B. Full Name (Last, First, Middle Initial)
Lisa R. Bacus

Mailing Address 4915 Champions Run

City Middleton State WI Zip Code 53562-4078

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

Name of Employer American Family Insurance Group Occupation Marketing VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.59

Date of Receipt 06 / 26 / 2009
Transaction ID: 20090624080005-40
 Amount of Each Receipt this Period 24.15

C. Full Name (Last, First, Middle Initial)
Gerry W. Benusa

Mailing Address 1227 Bongard Drive

City Waunakee State WI Zip Code 53597-2657

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

Name of Employer American Family Insurance Group Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-12
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 73.30

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 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Gerry W. Benusa

Mailing Address 1227 Bongard Drive

City State Zip Code
Waunakee WI 53597-2657

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 20090624080005-12

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
M. Jeff Bosco

Mailing Address 5691 Ashbourne Lane

City State Zip Code
Fitchburg WI 53711-6966

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

Name of Employer American Family Insurance Group
Occupation Integrated Channels VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.93

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 20090610080005-20

Amount of Each Receipt this Period
47.54

C.

Full Name (Last, First, Middle Initial)
M. Jeff Bosco

Mailing Address 5691 Ashbourne Lane

City State Zip Code
Fitchburg WI 53711-6966

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

Name of Employer American Family Insurance Group
Occupation Integrated Channels VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.93

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 20090624080005-20

Amount of Each Receipt this Period
47.54

SUBTOTAL of Receipts This Page (optional) ► **120.08**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

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

Mailing Address 1005 Glacier Hill Drive

City State Zip Code
Madison WI 53704-8586

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

Name of Employer American Family Insurance Group
Occupation Actuarial VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.55

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 20090624080005-42

Amount of Each Receipt this Period
17.54

B.

Full Name (Last, First, Middle Initial)
Richard A. Fetherston

Mailing Address 2014 Range Trail

City State Zip Code
Verona WI 53593-9361

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

Name of Employer American Family Insurance Group
Occupation Public Relations VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.28

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 20090610080005-44

Amount of Each Receipt this Period
20.92

C.

Full Name (Last, First, Middle Initial)
Richard A. Fetherston

Mailing Address 2014 Range Trail

City State Zip Code
Verona WI 53593-9361

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

Name of Employer American Family Insurance Group
Occupation Public Relations VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.28

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 20090624080005-44

Amount of Each Receipt this Period
20.92

SUBTOTAL of Receipts This Page (optional) ► **59.38**

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 12 / 24
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Carolyn S. Gilb		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 3075 Lymans Run		Transaction ID: 20090610080005-31		
	City Sun Prairie	State WI	Zip Code 53590-9828	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group		Occupation Commercial F/R VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00			

B.	Full Name (Last, First, Middle Initial) Carolyn S. Gilb		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 3075 Lymans Run		Transaction ID: 20090624080005-31		
	City Sun Prairie	State WI	Zip Code 53590-9828	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group		Occupation Commercial F/R VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00			

C.	Full Name (Last, First, Middle Initial) Bradley J. Gleason		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 3727 Nelson Lane		Transaction ID: 20090610080005-14		
	City Deerfield	State WI	Zip Code 53531-9707	Amount of Each Receipt this Period 30.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group		Occupation Exec VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 362.79			

SUBTOTAL of Receipts This Page (optional)	▶	110.77
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 24
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Bradley J. Gleason		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 3727 Nelson Lane		Transaction ID: 20090624080005-14		
	City Deerfield	State WI	Zip Code 53531-9707	Amount of Each Receipt this Period 30.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Exec VP	Aggregate Year-to-Date 362.79		

B.	Full Name (Last, First, Middle Initial) Kari E. Grasee		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 1218 Lawton Lane		Transaction ID: 20090610080005-25		
	City Waunakee	State WI	Zip Code 53597-2642	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Controller VP	Aggregate Year-to-Date 240.00		

C.	Full Name (Last, First, Middle Initial) Kari E. Grasee		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 1218 Lawton Lane		Transaction ID: 20090624080005-25		
	City Waunakee	State WI	Zip Code 53597-2642	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Controller VP	Aggregate Year-to-Date 240.00		

SUBTOTAL of Receipts This Page (optional)	70.77
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 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

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

Mailing Address 4505 Nina Lane

City Middleton State WI Zip Code 53562-5325

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

Name of Employer American Family Insurance Group
Occupation Investments VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.97

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-27
Amount of Each Receipt this Period 30.38

B.

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

Mailing Address 4505 Nina Lane

City Middleton State WI Zip Code 53562-5325

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

Name of Employer American Family Insurance Group
Occupation Investments VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.97

Date of Receipt 06 / 26 / 2009
Transaction ID: 20090624080005-27
Amount of Each Receipt this Period 30.38

C.

Full Name (Last, First, Middle Initial)
Annette S. Knapstein

Mailing Address 3423 Conservancy Lane

City Middleton State WI Zip Code 53562-1161

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

Name of Employer American Family Insurance Group
Occupation Business/Wrkplc Svs VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.04

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-22
Amount of Each Receipt this Period 20.15

SUBTOTAL of Receipts This Page (optional) ► **80.91**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Annette S. Knapstein

Mailing Address 3423 Conservancy Lane

City Middleton State WI Zip Code 53562-1161

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

Name of Employer American Family Insurance Group
Occupation Business/Wrkplc Svs VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.04

Date of Receipt 06 / 26 / 2009
Transaction ID: 20090624080005-22
Amount of Each Receipt this Period 20.15

B. Full Name (Last, First, Middle Initial)
Christopher R. Listau

Mailing Address 2914 Northeast 102nd Terrace

City Kansas City State MO Zip Code 64155

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

Name of Employer American Family Insurance Group
Occupation Agency Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 467.25

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-50
Amount of Each Receipt this Period 39.38

C. Full Name (Last, First, Middle Initial)
Christopher R. Listau

Mailing Address 2914 Northeast 102nd Terrace

City Kansas City State MO Zip Code 64155

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

Name of Employer American Family Insurance Group
Occupation Agency Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 467.25

Date of Receipt 06 / 26 / 2009
Transaction ID: 20090624080005-50
Amount of Each Receipt this Period 39.38

SUBTOTAL of Receipts This Page (optional) ► 98.91

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 / 24
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Alan E. Meyer		Date of Receipt
	Mailing Address 8818 Royal Oaks Drive		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Verona	State WI	Zip Code 53593-7954
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 20090610080005-33
	Name of Employer American Family Insurance Group		Occupation Life/Health VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="410.28"/>	Amount of Each Receipt this Period <input type="text" value="34.38"/>

B.	Full Name (Last, First, Middle Initial) Alan E. Meyer		Date of Receipt
	Mailing Address 8818 Royal Oaks Drive		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Verona	State WI	Zip Code 53593-7954
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 20090624080005-33
	Name of Employer American Family Insurance Group		Occupation Life/Health VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="410.28"/>	Amount of Each Receipt this Period <input type="text" value="34.38"/>

C.	Full Name (Last, First, Middle Initial) Jerome G. Rekowski		Date of Receipt
	Mailing Address 1993 Skyline Drive		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Stoughton	State WI	Zip Code 53589-3253
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 20090610080005-16
	Name of Employer American Family Insurance Group		Occupation Exec VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="327.04"/>	Amount of Each Receipt this Period <input type="text" value="27.70"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="96.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Jerome G. Rekowski		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 1993 Skyline Drive		Transaction ID: 20090624080005-16		
	City Stoughton	State WI	Zip Code 53589-3253	Amount of Each Receipt this Period 27.69	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Exec VP	Aggregate Year-to-Date 327.04		

B.	Full Name (Last, First, Middle Initial) Susan M. Roesler		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 7908 Wall Street		Transaction ID: 20090610080005-151		
	City Schofield	State WI	Zip Code 54476-5155	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Work Comp Operation Manager	Aggregate Year-to-Date 240.00		

C.	Full Name (Last, First, Middle Initial) Susan M. Roesler		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 7908 Wall Street		Transaction ID: 20090624080005-148		
	City Schofield	State WI	Zip Code 54476-5155	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Work Comp Operation Manager	Aggregate Year-to-Date 240.00		

SUBTOTAL of Receipts This Page (optional)	67.69
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 / 24
(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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

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

Mailing Address 5117 Saint Cyr Road

City Middleton State WI Zip Code 53562-2457

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

Name of Employer American Family Insurance Group
Occupation President and Chf Op Ofr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 636.90

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-4
Amount of Each Receipt this Period 53.46

B.

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

Mailing Address 5117 Saint Cyr Road

City Middleton State WI Zip Code 53562-2457

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

Name of Employer American Family Insurance Group
Occupation President and Chf Op Ofr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 636.90

Date of Receipt 06 / 26 / 2009
Transaction ID: 20090624080005-4
Amount of Each Receipt this Period 53.46

C.

Full Name (Last, First, Middle Initial)
Daniel R. Schultz

Mailing Address 5211 Tonyawatha Trail

City Monona State WI Zip Code 53716-2918

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

Name of Employer American Family Insurance Group
Occupation Chief Financial Ofcr/Trsr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.27

Date of Receipt 06 / 12 / 2009
Transaction ID: 20090610080005-6
Amount of Each Receipt this Period 33.85

SUBTOTAL of Receipts This Page (optional) ► 140.77

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Daniel R. Schultz		Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 5211 Tonyawatha Trail		Transaction ID: 20090624080005-6
	City Monona	State WI	Zip Code 53716-2918
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.85
	Name of Employer American Family Insurance Group	Occupation Chief Financial Ofcr/Trsr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 399.27	

B.	Full Name (Last, First, Middle Initial) Scott J. Seymour		Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 696 Acadia Way		Transaction ID: 20090624080005-46
	City Verona	State WI	Zip Code 53593-8227
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.85
	Name of Employer American Family Insurance Group	Occupation Govt Affairs/Compl VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.42	

C.	Full Name (Last, First, Middle Initial) Christopher S. Spencer		Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 139 Lakewood Boulevard		Transaction ID: 20090610080005-8
	City Madison	State WI	Zip Code 53704-5913
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.54
	Name of Employer American Family Insurance Group	Occupation CLO/Secretary Sr VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.17	

SUBTOTAL of Receipts This Page (optional)	▶	74.24
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 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Christopher S. Spencer

Mailing Address 139 Lakewood Boulevard

City Madison State WI Zip Code 53704-5913

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

Name of Employer American Family Insurance Group Occupation CLO/Secretary Sr VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.17

Date of Receipt 06 / 26 / 2009

Transaction ID: 20090624080005-8

Amount of Each Receipt this Period 22.54

B. Full Name (Last, First, Middle Initial)
Richard M. Steffen

Mailing Address 1305 Lawton Court

City Waunakee State WI Zip Code 53597-2643

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

Name of Employer American Family Insurance Group Occupation Agency Sales VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2009

Transaction ID: 20090610080005-52

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Richard M. Steffen

Mailing Address 1305 Lawton Court

City Waunakee State WI Zip Code 53597-2643

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

Name of Employer American Family Insurance Group Occupation Agency Sales VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2009

Transaction ID: 20090624080005-52

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 72.54

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 / 24

(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)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)

John W. Thedinga

Mailing Address 137 E Wilson Street Unit 1013

City State Zip Code
Madison WI 53703-4081

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

Name of Employer Occupation
American Family Insurance Prod Lns Territory VP
Group

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 430.20

Date of Receipt

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

Transaction ID: 20090610080005-34

Amount of Each Receipt this Period
35.85

B.

Full Name (Last, First, Middle Initial)

John W. Thedinga

Mailing Address 137 E Wilson Street Unit 1013

City State Zip Code
Madison WI 53703-4081

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

Name of Employer Occupation
American Family Insurance Prod Lns Territory VP
Group

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 430.20

Date of Receipt

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

Transaction ID: 20090624080005-34

Amount of Each Receipt this Period
35.85

C.

Full Name (Last, First, Middle Initial)

William B. Westrate

Mailing Address 899 Chalfont Drive

City State Zip Code
Sun Prairie WI 53590-3524

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

Name of Employer Occupation
American Family Insurance Personal Lines VP
Group

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 216.00

Date of Receipt

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

Transaction ID: 20090624080005-36

Amount of Each Receipt this Period
18.00

SUBTOTAL of Receipts This Page (optional)

89.70

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 22 / 24

(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)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)

Joseph J. Zwettler

Mailing Address 906 Sunset Bay

City

Waunakee

State

WI

Zip Code

53597-2801

FEC ID number of contributing federal political committee.

C

Name of Employer
American Family Insurance
Group

Occupation
Brokerage/Alliances VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

253.62

Date of Receipt

MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 20090610080005-38

Amount of Each Receipt this Period

21.23

B.

Full Name (Last, First, Middle Initial)

Joseph J. Zwettler

Mailing Address 906 Sunset Bay

City

Waunakee

State

WI

Zip Code

53597-2801

FEC ID number of contributing federal political committee.

C

Name of Employer
American Family Insurance
Group

Occupation
Brokerage/Alliances VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

253.62

Date of Receipt

MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 20090624080005-38

Amount of Each Receipt this Period

21.23

SUBTOTAL of Receipts This Page (optional)

42.46

TOTAL This Period (last page this line number only)

1353.83

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

<p>A. Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee</p> <p>Mailing Address PO Box 703</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Bill Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: f5700fd4c0bbfe1788b</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Russell D. Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7a36b9db85822bf19dd</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 45d51eff3ba1502154e</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 24

<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)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Nelson 2012

Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement
2012 Primary

Candidate Name
E. Benjamin Nelson

Office Sought: House
 Senate
 President

State: NE District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 3e2f07e8119283e65b5
Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Save America PAC

Mailing Address 5400 S Cole Road

City Boise State ID Zip Code 83709

Purpose of Disbursement
2009 Contribution

Candidate Name
Save America PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Contribution

Transaction ID: 7eb241ff105b49da43d
Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

5000.00