

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 Insurance Association Political Action Committee

ADDRESS (number and street) 2101 L Street, NW
Suite 400
 Check if different than previously reported. (ACC)
Washington DC 20037

2. **FEC IDENTIFICATION NUMBER** C00103143
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 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Mrs. Leigh Ann Pusey Date 07 15 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		3407.69
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	6721.83									
(c) Total Receipts (from Line 19)	13745.13	39585.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20466.96	42992.96								
7. Total Disbursements (from Line 31)	7500.00	30026.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12966.96	12966.96								
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

American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	8553.90	14628.60
(ii) Unitemized	190.36	2451.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8744.26	17080.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13744.26	39580.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.87	4.71
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))	13745.13	39585.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13745.13	39585.27

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	26.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	26.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7500.00	30000.00
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.....	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))..	7500.00	30026.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	30026.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13744.26	39580.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13744.26	39580.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	26.00
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	26.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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 Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
William Berkley

Mailing Address 475 Steamboat Rd

City State Zip Code
Greenwich CT 06830-7144

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

Name of Employer Occupation
W. R. Berkley Corporation Chairman and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2011

Transaction ID: DD1C513C648ADA3A393

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Fred Bosse

Mailing Address 28224 Equestrian

City State Zip Code
Fair Oaks Ranch TX 78015-4655

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

Name of Employer Occupation
American Insurance Association Vice President, Southwest Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.80

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2011

Transaction ID: 20110601--1

Amount of Each Receipt this Period
39.40

C.

Full Name (Last, First, Middle Initial)
Fred Bosse

Mailing Address 28224 Equestrian

City State Zip Code
Fair Oaks Ranch TX 78015-4655

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

Name of Employer Occupation
American Insurance Association Vice President, Southwest Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.80

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2011

Transaction ID: 20110615--1

Amount of Each Receipt this Period
39.40

SUBTOTAL of Receipts This Page (optional) ► **5078.80**

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 7 / 15
(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 Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Gary Henning

Mailing Address 14 Cambridge Rd

City Albany State NY Zip Code 12203-3002

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

Name of Employer American Insurance Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 06 / 03 / 2011

Transaction ID: 20110601--4

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Gary Henning

Mailing Address 14 Cambridge Rd

City Albany State NY Zip Code 12203-3002

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

Name of Employer American Insurance Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 06 / 17 / 2011

Transaction ID: 20110615--4

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Leigh Ann Pusey

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 03 / 2011

Transaction ID: 20110601--7

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► 242.30

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: (check only one)	PAGE 8 / 15
	<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 Insurance Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Leigh Ann Pusey	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 1119 Alexandria Ave	Transaction ID: 20110615--7
	City State Zip Code Alexandria VA 22308-1015	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60

B.	Full Name (Last, First, Middle Initial) Blain Rethmeier	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 2992 S Columbus St	Transaction ID: 20110601--8
	City State Zip Code Arlington VA 22206-1404	Amount of Each Receipt this Period 92.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Insurance Association Occupation Sr. VP - Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1107.00

C.	Full Name (Last, First, Middle Initial) Blain Rethmeier	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 2992 S Columbus St	Transaction ID: 20110615--8
	City State Zip Code Arlington VA 22206-1404	Amount of Each Receipt this Period 92.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Insurance Association Occupation Sr. VP - Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1107.00

SUBTOTAL of Receipts This Page (optional)	376.80
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 / 15
	<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 Insurance Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Willem Rijkxen		Date of Receipt MM / DD / YYYY 06 / 03 / 2011		
	Mailing Address 2101 L St NW		Transaction ID: 20110601--9		
	City Washington	State DC	Zip Code 20037-1526	Amount of Each Receipt this Period 28.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Vice President, Public Affairs	Aggregate Year-to-Date 336.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Willem Rijkxen		Date of Receipt MM / DD / YYYY 06 / 17 / 2011		
	Mailing Address 2101 L St NW		Transaction ID: 20110615--9		
	City Washington	State DC	Zip Code 20037-1526	Amount of Each Receipt this Period 28.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Vice President, Public Affairs	Aggregate Year-to-Date 336.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Thomas Santos		Date of Receipt MM / DD / YYYY 06 / 07 / 2011		
	Mailing Address 2101 L St NW		Transaction ID: 567A1A2E040679223CB		
	City Washington	State DC	Zip Code 20037-1526	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation VP Federal Affairs	Aggregate Year-to-Date 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2556.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<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 Insurance Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Melissa W. Shelk		Date of Receipt	
	Mailing Address 4845 Yorktown Blvd		M M / D D / Y Y Y Y Y 06 / 03 / 2011	
	City	State	Zip Code	Transaction ID: 20110601--11
	Arlington	VA	22207-2737	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer American Insurance Association		Occupation Vice President-Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00		

B.	Full Name (Last, First, Middle Initial) Melissa W. Shelk		Date of Receipt	
	Mailing Address 4845 Yorktown Blvd		M M / D D / Y Y Y Y Y 06 / 17 / 2011	
	City	State	Zip Code	Transaction ID: 20110615--11
	Arlington	VA	22207-2737	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer American Insurance Association		Occupation Vice President-Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00		

C.	Full Name (Last, First, Middle Initial) David Snyder		Date of Receipt	
	Mailing Address 410 Lincoln Ave		M M / D D / Y Y Y Y Y 06 / 03 / 2011	
	City	State	Zip Code	Transaction ID: 20110601--12
	Falls Church	VA	22046-2618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer American Insurance Association		Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
American Insurance Association Political Action Committee

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

Mailing Address 410 Lincoln Ave

City Falls Church State VA Zip Code 22046-2618

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2011
Transaction ID: 20110615--12
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Allan J. Stein

Mailing Address 5513 Roosevelt St

City Bethesda State MD Zip Code 20817-3781

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2011
Transaction ID: 20110601--13
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Allan J. Stein

Mailing Address 5513 Roosevelt St

City Bethesda State MD Zip Code 20817-3781

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2011
Transaction ID: 20110615--13
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 15
	(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 Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association
Occupation Sr. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: 20110601--18

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association
Occupation Sr. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 20110615--18

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	8553.90

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
W R Berkley Corporation Political Action Committee

Mailing Address 475 Steamboat Road 4th Floor

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00383307

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2011

Transaction ID: FDD0EBCF817CA3D910A

Amount of Each Receipt this Period
5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Insurance Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Citizens for Josh Mandel <hr/> Mailing Address 50 West Broad Street Suite 1900 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Josh Mandel <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F0A12F7C15A198C34B4 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Ed Royce for Congress <hr/> Mailing Address PO Box 2525 <hr/> City Orange State CA Zip Code 92859 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Edward R. Royce <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D56E8AB243E7B0FD8EE Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Heartland Values PAC <hr/> Mailing Address PO Box 505 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Heartland Values PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1418148D0090588E910 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<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 Insurance Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Jim Himes for Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City State Zip Code Fairfield CT 06824 <hr/> Purpose of Disbursement 2012 Convention Candidate Name James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	Transaction ID: CD26AE50414662DA70F Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	0	/	2	0	1	1
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	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
B. Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address PO Box 8666 <hr/> City State Zip Code Omaha NE 68108 <hr/> Purpose of Disbursement 2012 Primary Candidate Name E. Benjamin Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 465AF4323B7F291F12E Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	2	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y											
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	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

7500.00