

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2010 through 03 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 08 19 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.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Amendment to 4/20 monthly (FEC filing ID 464137). To correct amount of receipts.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

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	162610.25									
(c) Total Receipts (from Line 19)	121119.65	171121.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	283729.90	333229.90								
7. Total Disbursements (from Line 31)	88130.00	137630.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	195599.90	195599.90								
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

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)	72416.35	104289.05
(ii) Unitemized	11190.79	24319.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	83607.14	128608.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	33000.00	38000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	116607.14	166608.79
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	4500.00	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	12.51	12.51
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))	121119.65	171121.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	121119.65	171121.30

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.....	86130.00	134130.00
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	3500.00
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))..	88130.00	137630.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88130.00	137630.00

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)	116607.14	166608.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116607.14	166608.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 56
	<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) John Barouski		Date of Receipt
	Mailing Address 581 Clark Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 01 / 2010
	City	State	Zip Code
	Fond Du Lac	WI	54936-1029
	FEC ID number of contributing federal political committee. C		Transaction ID: 31414493
Name of Employer Society Group		Occupation VP - Workers Comp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael E. Keyes		Date of Receipt
	Mailing Address 250 Northwest Valley View Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 02 / 2010
	City	State	Zip Code
	Mc Minnville	OR	97128-5427
	FEC ID number of contributing federal political committee. C		Transaction ID: 31414494
Name of Employer Oregon Mutual Group		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1200.00
		<input type="text"/> 1200.00	

C.	Full Name (Last, First, Middle Initial) Mr. Richard B. Prouser		Date of Receipt
	Mailing Address 5875 Bay Point Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 02 / 2010
	City	State	Zip Code
	Lake Oswego	OR	97035-6786
	FEC ID number of contributing federal political committee. C		Transaction ID: 31414495
Name of Employer Oregon Mutual Group		Occupation Vice President, Information Systems	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 56
	<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. Lisa C. Hargis		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 3310 Knighton Way		Transaction ID: 31414496		
	City Forest Grove	State OR	Zip Code 97116-1032	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oregon Mutual Group	Occupation Vice President Personal Lines			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Brian M. Steffel		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 1533 NW Medinah Dr.		Transaction ID: 31414497		
	City McMinnville	State OR	Zip Code 97128-5087	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oregon Mutual Group	Occupation Asst. Vice President - Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Mr Charles S. Katter		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 5017 S W Robert Court		Transaction ID: 31414498		
	City Portland	State OR	Zip Code 97219-3339	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oregon Mutual Group	Occupation Vice President-Claims			
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)	▶	900.00
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 / 56
	<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 J. Yorty

Mailing Address 400 N Baker Street

City McMinnville State OR Zip Code 97128-4906

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

Name of Employer Oregon Mutual Group Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2010

Transaction ID: 31414499

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Zick

Mailing Address 115 West Pine Street

City Rome State NY Zip Code 13440-3466

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

Name of Employer Utica First Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 04 / 2010

Transaction ID: 31415181

Amount of Each Receipt this Period 330.00

C.

Full Name (Last, First, Middle Initial)
Barbara K Gurnett

Mailing Address 13850 Horsetail Terrace

City Colorado Springs State CO Zip Code 80921-7606

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

Name of Employer California Casualty Group Occupation 1st Vice President Chief Learning Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 04 / 2010

Transaction ID: 31415182

Amount of Each Receipt this Period 480.00

SUBTOTAL of Receipts This Page (optional) ► **1110.00**

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 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Mark E. Watson, III	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 10101 Reunion Place	Transaction ID: 31416639
	City State Zip Code San Antonio TX 78216-4160	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Argo Group International Holdings, Ltd	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

B.	Full Name (Last, First, Middle Initial) Ms. Janice M. Abraham	Date of Receipt MM / DD / YYYY 03 / 02 / 2010
	Mailing Address 3112 Leland Street	Transaction ID: 31416640
	City State Zip Code Chevy Chase MD 20815-4069	Amount of Each Receipt this Period 3600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer United Educators Insurance, A Reciprocal	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

C.	Full Name (Last, First, Middle Initial) Richard R Griffith	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 12 Viburnum Place	Transaction ID: 31434738
	City State Zip Code New Hartford NY 13413-3931	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Utica First Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	7475.00
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 11 / 56
(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)
Camille Kahler

Mailing Address 107 W. Walnut Street

City State Zip Code
Rome NY 13440-2746

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

Name of Employer
Utica First Insurance Company

Occupation
Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 31434739

Amount of Each Receipt this Period
275.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Zawadzki

Mailing Address 107 Gadwall Ln

City State Zip Code
Manlius NY 13104-9395

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

Name of Employer
Utica First Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 31434741

Amount of Each Receipt this Period
275.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kirk B. Hinman

Mailing Address 6402 Karlen Road

City State Zip Code
Rome NY 13440-7452

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

Name of Employer
Utica First Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 31434742

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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 12 / 56
	<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. Alan R. Lesit, Jr.	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 114 Business Park Drive	Transaction ID: 31435155
	City State Zip Code Utica NY 13502-6302	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Utica First Insurance Company Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Steven L Patterson	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 2350 NW Crimson Court	Transaction ID: 31435156
	City State Zip Code McMinnville OR 97128-2000	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Oregon Mutual Group VP and General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr Jonathan A. Brown	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 9053 Tarmac Way	Transaction ID: 31435157
	City State Zip Code Fair Oaks CA 95628-8144	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation California Casualty Group Director 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)	975.00
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 / 56
(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)
Eric J Draut

Mailing Address 524 S Banbury

City State Zip Code
Arlington Heights IL 60005-2004

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

Name of Employer Unitrin, Inc. Occupation Exex VP and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 31444076

Amount of Each Receipt this Period
480.00

B.

Full Name (Last, First, Middle Initial)
Edward J Konar

Mailing Address 1560 Persimmon Dr.

City State Zip Code
St Charles IL 60174-1347

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

Name of Employer Unitrin, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 31444077

Amount of Each Receipt this Period
240.00

C.

Full Name (Last, First, Middle Initial)
Mr. L. Michael Fitzgerald

Mailing Address 3557 Neal's Gulf Road

City State Zip Code
New Hartford NY 13413-5720

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

Name of Employer Utica First Insurance Company Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 31444206

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **995.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr Stephen Dolan		Date of Receipt MM / DD / YYYY 03 / 17 / 2010		
	Mailing Address 8 Ridgeland Drive		Transaction ID: 31527752		
	City Cumberland	State RI	Zip Code 02864-3102	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amica Mutual Group	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Robert P. Suglia		Date of Receipt MM / DD / YYYY 03 / 17 / 2010		
	Mailing Address 115 Dana Road		Transaction ID: 31527960		
	City North Kingstown	State RI	Zip Code 02852-3229	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amica Mutual Group	Occupation Assistant Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Paul A. Pyne		Date of Receipt MM / DD / YYYY 03 / 17 / 2010		
	Mailing Address 5 Downing Street		Transaction ID: 31528071		
	City East Greenwich	State RI	Zip Code 02818-2223	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amica Mutual Group	Occupation Senior Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1940.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 56
(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)
Louis P. Peranzi, Jr.

Mailing Address 15 Old Bliss Street

City State Zip Code
Rehoboth MA 02769-1929

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

Name of Employer Occupation
Amica Mutual Group Senior Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: 31528080

Amount of Each Receipt this Period
480.00

B.

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

Mailing Address 516 Black Plain Road

City State Zip Code
North Smithfield RI 02896-9532

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

Name of Employer Occupation
Amica Mutual Group Vice President Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: 31528082

Amount of Each Receipt this Period
480.00

C.

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

Mailing Address 8 Glen Ellen Drive

City State Zip Code
Cumberland RI 02864-5034

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

Name of Employer Occupation
Amica Mutual Group Assistant Director of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: 31528084

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 56
(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)
James E. McDermott, Jr.
Mailing Address P. O. Box 36001

City State Zip Code
Fort Lauderdale FL 33336-0001

FEC ID number of contributing federal political committee. C

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

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

Date of Receipt MM / DD / YYYY
03 / 17 / 2010
Transaction ID: 31528104
Amount of Each Receipt this Period 480.00

B. Full Name (Last, First, Middle Initial)
Jill H. Andy
Mailing Address 3 Fletcher Way

City State Zip Code
Norton MA 02766-1161

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Amica Mutual Group Assistant Vice President

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

Date of Receipt MM / DD / YYYY
03 / 17 / 2010
Transaction ID: 31528325
Amount of Each Receipt this Period 480.00

C. Full Name (Last, First, Middle Initial)
Rick Parks
Mailing Address 1941 Frontier Court

City State Zip Code
West Bend WI 53095-9766

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Society Group SVP and COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 22 / 2010
Transaction ID: 31528914
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1460.00

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 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr James R Kauffman		Date of Receipt MM / DD / YYYY 03 / 22 / 2010	
	Mailing Address 877 Balboa Ln		Transaction ID: 31528915	
	City	State	Zip Code	Amount of Each Receipt this Period
	Foster City	CA	94404-2931	480.00
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 480.00	
Name of Employer California Casualty Group		Occupation First V P - Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00		

B.	Full Name (Last, First, Middle Initial) Jeffrey D. Fick		Date of Receipt MM / DD / YYYY 03 / 22 / 2010	
	Mailing Address 503 W. Copperfield Dr.		Transaction ID: 31528916	
	City	State	Zip Code	Amount of Each Receipt this Period
	Dunlap	IL	61525-9613	240.00
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00	
Name of Employer RLI		Occupation Vice President - Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) Mr. John D. Blackburn		Date of Receipt MM / DD / YYYY 03 / 22 / 2010	
	Mailing Address 20 Pinehurst Road		Transaction ID: 31528917	
	City	State	Zip Code	Amount of Each Receipt this Period
	Lincoln	IL	62656-9100	5000.00
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000.00	
Name of Employer COUNTRY Financial		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	5720.00
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 / 56
(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)
Donald J. Driscoll

Mailing Address 11350 N Oak Trail Dr

City Peoria State IL Zip Code 61615-1082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 22 / 2010
Transaction ID: 31528923
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Deborah Pryce

Mailing Address 2920 S. Dorchester Road

City Columbus State OH Zip Code 43221-3038

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

Name of Employer Westfield Group Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 23 / 2010
Transaction ID: 31529174
Amount of Each Receipt this Period: 240.00

C.

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

Mailing Address 6870 Cedar Valley Court

City Dayton State OH Zip Code 45414-2168

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

Name of Employer Westfield Group Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 23 / 2010
Transaction ID: 31529175
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► 1090.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 56
	<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. Donald G. Southwell		Date of Receipt MM / DD / YYYY 03 / 23 / 2010		
	Mailing Address P.O. Box 1176		Transaction ID: 31529176		
	City Wayne	State IL	Zip Code 60184-2228	Amount of Each Receipt this Period 3600.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Unitrin, Inc.		
Occupation President and Chief Operating Officer		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 3600.00					

B.	Full Name (Last, First, Middle Initial) Mr. Dominick Carbone		Date of Receipt MM / DD / YYYY 03 / 09 / 2010		
	Mailing Address 2606 Edmonds Road		Transaction ID: 31529177		
	City Boonville	State NY	Zip Code 13309-5105	Amount of Each Receipt this Period 275.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Utica First Insurance Company		
Occupation Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 275.00					

C.	Full Name (Last, First, Middle Initial) Mr. Tony Nicely		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 805 Nethercliffe Hall Road		Transaction ID: 31529665		
	City Great Falls	State VA	Zip Code 22066-2719	Amount of Each Receipt this Period 2200.00	
	FEC ID number of contributing federal political committee. C		Name of Employer GEICO		
Occupation Chairman, President and CEO		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 2200.00					

SUBTOTAL of Receipts This Page (optional)	6075.00
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 / 56
(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)
Kathleen F. Curran

Mailing Address 9 Kings Row

City State Zip Code
Cumberland RI 02864-6006

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

Name of Employer Occupation
Amica Mutual Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: 31569834

Amount of Each Receipt this Period
240.00

B.

Full Name (Last, First, Middle Initial)
Mr. Philip R. Joslin

Mailing Address 2180 Satterfield Drive

City State Zip Code
Pocatello ID 83201

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

Name of Employer Occupation
Farm Bureau Mutual Insurance Company o Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: 31569856

Amount of Each Receipt this Period
240.00

C.

Full Name (Last, First, Middle Initial)
Terrence W. Cavanaugh

Mailing Address 6300 Lake Shore Dr.

City State Zip Code
Erie PA 16505-1015

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

Name of Employer Occupation
Erie Insurance Group CEO and President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: 31569858

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **4480.00**

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 21 / 56
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<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) Mr. James C Boland		Date of Receipt		
	Mailing Address 3791-3 Lander Road Landerwood Glen		M M / D D / Y Y Y Y 03 / 26 / 2010		
	City Chagrin Falls	State OH	Zip Code 44022-1392	Transaction ID: 31569861	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Westfield Group	Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ms. Susan J Insley		Date of Receipt		
	Mailing Address 4972 Tempe Road		M M / D D / Y Y Y Y 03 / 25 / 2010		
	City Powell	State OH	Zip Code 43065-8061	Transaction ID: 31569863	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Westfield Group	Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mr. Richard F. Russell		Date of Receipt		
	Mailing Address 6295 Bloomfield Glens		M M / D D / Y Y Y Y 03 / 25 / 2010		
	City West Bloomfield	State MI	Zip Code 48322-2512	Transaction ID: 31569864	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3600.00		
	Name of Employer Amerisure Companies	Occupation President & CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	4600.00
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 22 / 56
(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)
James F Nayden

Mailing Address 1711 Marshall CT

City State Zip Code
Annapolis MD 21401-6519

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

Name of Employer Occupation
GEICO VP and Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: 31569868

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 12706 Georgetowne Road

City State Zip Code
Dunlap IL 61525-9462

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

Name of Employer Occupation
RLI President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2010

Transaction ID: 31569870

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
James E Vettel

Mailing Address 4022 105th Trail N

City State Zip Code
Brooklyn Park MN 55443-1336

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

Name of Employer Occupation
Austin Mutual Insurance Company Assistant Vice President of IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: 31569986

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **5540.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert K. Benson		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 29 Melrose Avenue		Transaction ID: 31569990		
	City Barrington	State RI	Zip Code 02806-4434	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amica Mutual Group	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Marjorie L Lee		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 379 Thornall Street		Transaction ID: 31570019		
	City Edison	State NJ	Zip Code 08837-2225	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Argo Group International Holdings, Ltd	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Mitchell A Livingston		Date of Receipt MM / DD / YYYY 03 / 30 / 2010		
	Mailing Address 8 East School Lane		Transaction ID: 31570020		
	City Yardley	State PA	Zip Code 19067-3232	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NJM Insurance Group	Occupation Assistant Secretary and Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	790.00
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 / 56
(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. Mark B. Steen

Mailing Address 15466 Meherrin Drive

City State Zip Code
Centreville VA 20120-3710

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

Name of Employer Occupation
Medmarc Insurance Group Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: 31570022

Amount of Each Receipt this Period
325.00

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

Mailing Address 10 Sarah's Trace

City State Zip Code
East Greenwich RI 02818-3063

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

Name of Employer Occupation
Amica Mutual Group Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 31570052

Amount of Each Receipt this Period
240.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. DiMuccio

Mailing Address 6 Intervale Drive

City State Zip Code
Cumberland RI 02864-3331

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

Name of Employer Occupation
Amica Mutual Group Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 31570056

Amount of Each Receipt this Period
3600.00

SUBTOTAL of Receipts This Page (optional) ▶ **4165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 56
(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)
Anthony J. Trivella

Mailing Address 6 St. Michaels Court

City Avon State CT Zip Code 06001-3187

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

Name of Employer Hartford Steam Boiler Group Occupation Exec Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 31570091

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mary Q. Williamson

Mailing Address 450 Wakefield Street

City West Warwick State RI Zip Code 02893-1932

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

Name of Employer Amica Mutual Group Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2010

Transaction ID: 31570092

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Billy E. Hibbs, Jr.

Mailing Address 6708 Hollytree Circle

City Tyler State TX Zip Code 75703-5777

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

Name of Employer Old Glory Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 31570201

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56
(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)
Nicholas L Schulson

Mailing Address 6 Lucey Drive

City State Zip Code
Newburyport MA 01950-1781

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

Name of Employer
Electric Insurance Group

Occupation
Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: 31570202

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Mr. Earle C. Reed

Mailing Address 3 Wadsworth Lane East

City State Zip Code
Utica NY 13501-5832

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

Name of Employer
Utica First Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 31570517

Amount of Each Receipt this Period
275.00

C. Full Name (Last, First, Middle Initial)
Mr Hong Chen

Mailing Address 224 Thatcher Lane

City State Zip Code
Foster City CA 94404-3949

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

Name of Employer
California Casualty Group

Occupation
Vice President Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 31570518

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **755.00**

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 27 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Laurie Banez Lopes

Mailing Address 20 Forest Drive

City Mendham State NJ Zip Code 07945-1615

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

Name of Employer Argo Group US, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 16 / 2010
Transaction ID: 31570577
 Amount of Each Receipt this Period 480.00

B.

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

Mailing Address 3301 zold Field Rd.

City Columbia State MO Zip Code 65203

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

Name of Employer Shelter Insurance Companies Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 16 / 2010
Transaction ID: 31570578
 Amount of Each Receipt this Period 1200.00

C.

Full Name (Last, First, Middle Initial)
Mr Donald W. Anson

Mailing Address 1702 Craig Road

City Saint Louis State MO Zip Code 63146-4710

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

Name of Employer California Casualty Group Occupation Asst. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 16 / 2010
Transaction ID: 31570579
 Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional) ► 1920.00

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 / 56
(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. Joseph Volponi

Mailing Address 1981 Vista Del Mar

City State Zip Code
San Mateo CA 94404-2493

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

Name of Employer Occupation
California Casualty Group Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 31570581

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Stone

Mailing Address 142 W Detweiller Drive

City State Zip Code
Peoria IL 61615-2111

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

Name of Employer Occupation
RLI President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 31570582

Amount of Each Receipt this Period
3600.00

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

Mailing Address 6408 Wynwood Place

City State Zip Code
Montgomery AL 36117-3459

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 31570583

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional) ► **6600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 56
(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)
Mr. C. Lee Ellis

Mailing Address 6304 Clarendon Rd.

City State Zip Code
Montgomery AL 36117-5201

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

Name of Employer Occupation
Alfa Insurance Companies Executive Vice President Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 31570584

Amount of Each Receipt this Period
3600.00

B.

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

Mailing Address 2124 Rosemont Drive

City State Zip Code
Montgomery AL 36111-1007

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 31570586

Amount of Each Receipt this Period
2700.00

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 ▼
900.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456193323631

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **6600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 56
(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. June T. Holmes

Mailing Address 409 S. Vine

City State Zip Code
Park Ridge IL 60068-4145

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

Name of Employer Property Casualty Insurers Association
Occupation Treasurer & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456336823631

Amount of Each Receipt this Period
300.00

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

B.

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

Mailing Address 2104 Butternut Lane

City State Zip Code
Northbrook IL 60062-6608

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456395523631

Amount of Each Receipt this Period
100.00

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

C.

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 FBL Financial Group
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.01

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456453323631

Amount of Each Receipt this Period
416.67

P/R Deduction (\$416.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **816.67**

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 31 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Scott A. Joyner		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 57 E. Delaware #2105		Transaction ID: PR1456541523631
	City Chicago	State IL	Zip Code 60611-1476
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 213.00
	Name of Employer Property Casualty Insurers Association	Occupation Vice President Information Technology	P/R Deduction (\$106.50 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.00		

B.	Full Name (Last, First, Middle Initial) Mr. Steven Wittmuss		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 7410 Lambert Place		Transaction ID: PR1456694623631
	City Lincoln	State NE	Zip Code 68516-5813
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer FBL Financial Group	Occupation Property Claims Vice President	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Ms. Susan G. Vincent		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1787 Sheffield		Transaction ID: PR1456707723631
	City Birmingham	State MI	Zip Code 48009-7224
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Amerisure Companies	Occupation VP-General Counsel & Sec.	P/R Deduction (\$50.00 Bi-Weekly)
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)	413.00
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 32 / 56
(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)
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456708423631

Amount of Each Receipt this Period
100.00

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

B.

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

Mailing Address 45000 Drocton

City State Zip Code
Novi MI 48375-3802

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

Name of Employer Occupation
Amerisure Companies VP-Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456720623631

Amount of Each Receipt this Period
100.00

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

C.

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

Mailing Address 47202 White Pines Drive

City State Zip Code
Novi MI 48374-3697

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

Name of Employer Occupation
Amerisure Companies VP-Fld Mkt & Undrwrtnng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1456721823631

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 280.00

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 33 / 56
	<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) Ms. Ann W. Spragens	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 5510 Chase Avenue	Transaction ID: PR1632493223631
	City State Zip Code Downers Grove IL 60515-4268	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation SR VP President Secretary & General Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Benjamin J. McKay	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1401 South Joyce Street	Transaction ID: PR1695170223631
	City State Zip Code Arlington VA 22202-1874	Amount of Each Receipt this Period 208.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Sr. VP Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

C.	Full Name (Last, First, Middle Initial) Mr Thomas R. Litjen	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3917 Barcroft Mews Court	Transaction ID: PR1790384223631
	City State Zip Code Falls Church VA 22041-1235	Amount of Each Receipt this Period 208.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation VP Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

SUBTOTAL of Receipts This Page (optional)	516.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Kurt D Gallinger	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 26777 Halsted Road	Transaction ID: PR2020349223631
	City State Zip Code Farmington Hills MI 48331-3577	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Amerisure Companies VP Gov Rel & Counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$60.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Vincent T Donnelly	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 174 Meadow View Lane	Transaction ID: PR2151653923631
	City State Zip Code Lansdale PA 19446-5931	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PMA Insurance Group President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) David A. Sampson	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 2435 Luckett Ave	Transaction ID: PR2228336723631
	City State Zip Code Vienna VA 22180-6819	Amount of Each Receipt this Period 355.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Property Casualty Insurers Association President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1065.00	P/R Deduction (\$177.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	575.00
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 35 / 56
(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)
Deirdre Manna

Mailing Address 1548 Maple Avenue

City Northbrook State IL Zip Code 60062-5475

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

Name of Employer Property Casualty Insurers Association
Occupation VP Industry Regulatory & Political Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2010
Transaction ID: PR2247336323631
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

B.

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

Mailing Address 4711 North Kenmore

City Chicago State IL Zip Code 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 ▼ 900.00

Date of Receipt 03 / 31 / 2010
Transaction ID: PR2357924923631
Amount of Each Receipt this Period 300.00
P/R Deduction (\$150.00 Semi-Monthly)

C.

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

Mailing Address 430 W. sheridan Place

City Lake Bluff State IL Zip Code 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 ▼ 600.00

Date of Receipt 03 / 31 / 2010
Transaction ID: PR2400795623631
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

TOTAL This Period (last page this line number only) ▶ 72416.35

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

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

FOR LINE NUMBER: PAGE 36 / 56
(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)
FBL Financial Group, Inc. PAC

Mailing Address 5400 University Avenue

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2010

Transaction ID: 31414533

Amount of Each Receipt this Period
5000.00

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

Mailing Address 6000 American Parkway

City State Zip Code
Madison WI 53783

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2010

Transaction ID: 31414536

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
State Auto Employees Fed PAC Committee

Mailing Address 518 East Borad Street

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 18 / 2010

Transaction ID: 31528107

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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 37 / 56
(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)
EriePac-Federal

Mailing Address P.O. Box 1699

City State Zip Code
Erie PA 16530

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 31528933

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CC Services Inc. Country PAC

Mailing Address 1705 Towanda Avenue

City State Zip Code
Bloomington IL 61701

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 31528937

Amount of Each Receipt this Period
5000.00

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

Mailing Address Government Employees Ins. Co.
1 Geico Plaza

City State Zip Code
Washington DC 20076

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: 31570024

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 56	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Harleysville Insurance PAC-Federal		Date of Receipt	
	Mailing Address 355 Maple Avenue		M M / D D / Y Y Y Y 03 / 29 / 2010	
	City	State	Zip Code	Transaction ID: 31570098
	Harleysville	PA	19438-2297	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	33000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 56	
	(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

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 Chris Dodd		Date of Receipt	
	Mailing Address P.O. Box 331133		M M / D D / Y Y Y Y 03 / 26 / 2010	
	City	State	Zip Code	Transaction ID: 31569872
	West Hartford	CT	61133	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		4500.00		
Name of Employer		Occupation		
Receipt For: 2010		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		4500.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	4500.00

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)

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

A.	Full Name (Last, First, Middle Initial) Gerlach for Congress	Transaction ID: 31404190
	Mailing Address 631 N. Pottstown Pike	Date of Disbursement 03 / 01 / 2010
	City Exton State PA Zip Code 19341	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Sen. Jim Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: 31404248
	Mailing Address 426 C Street NE	Date of Disbursement 03 / 01 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 630.00
	Purpose of Disbursement Candidate Name Sena Thomas Carper Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mario Diaz-Balart For Congress	Transaction ID: 31404305
	Mailing Address 2801 Ponce De Leon Blvd. Ste1000	Date of Disbursement 03 / 01 / 2010
	City Coral Gables State FL Zip Code 33134	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Mario Diaz-Balart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2630.00

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. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road Suite 204</p> <p>City Boca Raton State FL Zip Code 33433</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ronald Klein</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: FL District: 22</p>	<p>Transaction ID: 31404325 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>3</td><td></td><td>0</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%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	1		2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Leadership 21</p> <p>Mailing Address 236 Massachusetts Avenue NE Suite 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Leadership 21</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 31404358 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>3</td><td></td><td>0</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%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	1		2	0	1	0													
1500.00																						
<p>C. Full Name (Last, First, Middle Initial) DCCC (Democratic Congressional Campaign Committee)</p> <p>Mailing Address 430 S Capitol Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 31404693 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>3</td><td></td><td>0</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%; text-align: center;"> <tr> <td>10000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0	10000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	1		2	0	1	0													
10000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Hodes For Senate</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03103</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Paul Hodes</p> <p>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: NH District:</p>	<p>Transaction ID: 31404729 Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Crowley for Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Repr Joseph Crowley</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: 07</p>	<p>Transaction ID: 31404770 Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson</p> <p>Mailing Address P.O. Box 61</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Charles Wilson</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: OH District: 06</p>	<p>Transaction ID: 31465642 Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Campbell for Congress</p> <p>Mailing Address 18004 Sky Park Circle Suite 155</p> <p>City Irvine State CA Zip Code 92614</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31465643 Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ted Deutch For Congress Committee</p> <p>Mailing Address 20423 Sr 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Theodore Deutch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2010</p>	<p>Transaction ID: 31465644 Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Clay Jr for Congress</p> <p>Mailing Address 625 N Euclid Ave Suite 200</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Repr WM. Lacy Clay</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31465645 Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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)

PAGE 44 / 56

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Blaine For Congress, Inc. <hr/> Mailing Address PO Box 1526 <hr/> City Columbia State MO Zip Code 65205 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Blaine Luetkemeyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465646 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465647 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Sherman for Congress <hr/> Mailing Address 555 South Flower Street Suite 4510 <hr/> City Los Angeles State CA Zip Code 90071 <hr/> Purpose of Disbursement <hr/> Candidate Name Repr Brad Sherman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465648 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

A. Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Gwen Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465649 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Crowley for Congress <hr/> Mailing Address 84-56 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 <hr/> Purpose of Disbursement <hr/> Candidate Name Repr Joseph Crowley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467050 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) DeMint for Senate Committee, Inc. <hr/> Mailing Address P.O. Box 12425 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. James Demint <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467053 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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) 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) Driehaus For Congress <hr/> Mailing Address 650 Fox Trails Way <hr/> City Cincinnati State OH Zip Code 45233 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Steve Driehaus 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: OH District: 01	Transaction ID: 31467054 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon <hr/> Mailing Address 122 C. St. NW Suite 505 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name Senator Jeff Merkley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Transaction ID: 31467055 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Donnelly for Congress <hr/> Mailing Address 499 South Capitol Street, SW Suite 404 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Candidate Name Joe Donnelly 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: IN District: 02	Transaction ID: 31467057 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress	Transaction ID: 31467058 Date of Disbursement 03 / 16 / 2010
	Mailing Address P.O. Box 1441	Amount of Each Disbursement this Period 1500.00
	City Topeka State KS Zip Code 66601	
	Purpose of Disbursement Candidate Name Lynn Jenkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 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) DAKPAC	Transaction ID: 31467372 Date of Disbursement 03 / 16 / 2010
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Candidate Name DAKPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bennett Election Committee	Transaction ID: 31467423 Date of Disbursement 03 / 16 / 2010
	Mailing Address 75 SOUTH WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 2000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Candidate Name Sen. Robert Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT 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) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)

Gerlach for Congress

Mailing Address 631 N. Pottstown Pike

City Exton State PA Zip Code 19341

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Jim Gerlach

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

State: PA District: 06

Transaction ID: 31467424

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City Chatanooga State TN Zip Code 37403

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Robert Corker

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: TN District: 2006 Debt Retirement

Transaction ID: 31467426

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Marco Rubio For US Senate

Mailing Address 2030 South Douglas Road Suite 105

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Marco Rubio

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

State: FL District:

Transaction ID: 31467428

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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 Kelly Ayotte <hr/> Mailing Address PO Box 233 <hr/> City Nashua State NH Zip Code 03061 <hr/> Purpose of Disbursement <hr/> Candidate Name Kelly Ayotte <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467450 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	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) Cantor for Congress <hr/> Mailing Address 4914 Fitzhugh Ave Ste 202 <hr/> City Richmond State VA Zip Code 23230 <hr/> Purpose of Disbursement <hr/> Candidate Name Repr Eric Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467451 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	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) Melissa Bean For Congress <hr/> Mailing Address Post Office Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Melissa Bean <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467455 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CBC PAC (Congressional Black Caucus)</p> <p>Mailing Address 227 Massachusetts Ave., NE Suite 201</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name CBC PAC (Congressional Black Caucus)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31467456</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	6	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	6	/	2	0	1	0												
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 2021 East Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229-3568</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Repr Patrick Tiberi</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) ▼</p> <p>State: OH District: 12</p>	<p>Transaction ID: 31467457</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	6	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	6	/	2	0	1	0												
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tom Rooney For Congress</p> <p>Mailing Address 2336 S. East Ocean Blvd. #313</p> <p>City Stuart State FL Zip Code 34996</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Thomas Rooney</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) ▼</p> <p>State: FL District: 16</p>	<p>Transaction ID: 31467458</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	6	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	6	/	2	0	1	0												

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Jon Kyl for Senate <hr/> Mailing Address P.O. Box 10246 <hr/> City Phoenix State AZ Zip Code 85064-0264 <hr/> Purpose of Disbursement <hr/> Candidate Name Sena Jon Kyl <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467464 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Christopher Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467465 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address 162 Hurt Street NE <hr/> City Atlanta State GA Zip Code 30307 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. David Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467476 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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) ▶	3000.00
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 Mark Warner <hr/> Mailing Address 201 North Union Suite 350 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Mark Warner <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467524 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467596 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Shelby for U.S. Senate <hr/> Mailing Address P.O. Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement <hr/> Candidate Name Sena Richard Shelby <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31524917 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	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) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Pomeroy for Congress <hr/> Mailing Address P.O. Box 746 <hr/> City Bismark State ND Zip Code 58502 <hr/> Purpose of Disbursement 011 Candidate Name Representa Earl Pomeroy 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: ND District: 01	Transaction ID: 31524942 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngfield St #264 <hr/> City Wheat Ridge State CO Zip Code 80033 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Edwin Perlmutter 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: CO District: 07	Transaction ID: 31524945 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div>
C.	Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress <hr/> Mailing Address P O Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Kevin McCarthy 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: CA District: 22	Transaction ID: 31524950 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>

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) Jon Kyl for Senate		Transaction ID: 31524999	
	Mailing Address P.O. Box 10246		Date of Disbursement 03 / 26 / 2010	
	City Phoenix	State AZ	Zip Code 85064-0264	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Sena Jon Kyl		Disbursement For: 2012		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District:				
B.	Full Name (Last, First, Middle Initial) TENNPAC		Transaction ID: 31525011	
	Mailing Address 101 Constitution Ave, NW Suite 800 West		Date of Disbursement 03 / 26 / 2010	
	City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name		Disbursement For: 2012		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
C.	Full Name (Last, First, Middle Initial) McHenry for Congress		Transaction ID: 31525041	
	Mailing Address PO Box 360		Date of Disbursement 03 / 26 / 2010	
	City Cherryville	State NC	Zip Code 28021	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Patrick McHenry		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 10				

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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) Pomeroy for Congress Mailing Address P.O. Box 746 City Bismark State ND Zip Code 58502 Purpose of Disbursement Candidate Name Representa Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31525043 Date of Disbursement 03 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee Mailing Address 38 Ivy St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Repr Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31526169 Date of Disbursement 03 / 29 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

86130.00

**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)

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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) Texans for Joan Huffman Mailing Address 3375 Westpark Drive, Suite 135 City Houston State TX Zip Code 77005 Purpose of Disbursement Joan Huffman, STATE SENATE 17th TX Candidate Name TX Sen. Joan Huffman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31517235 Date of Disbursement 03 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00 Joan Huffman, STATE SENATE 17th TX
B. Full Name (Last, First, Middle Initial) Delwin Jones Campaign Mailing Address PO Box 12033 City Lubbock State TX Zip Code 79452 Purpose of Disbursement Delwin Jones, STATE HOUSE 83rd TX Candidate Name Representa Delwin Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 83 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31517236 Date of Disbursement 03 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00 Delwin Jones, STATE HOUSE 83rd TX

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00