

**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 linesProperty 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**

CITY

STATE

ZIP CODE

C00066472

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2011

through

03

31

2011

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

Type or Print Name of Treasurer

June Holmes

Signature of Treasurer

Electronically Filed by June Holmes

Date

04

19

2011

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

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

A. Form/Schedule : **F3XA**
Transaction ID :

To amend FEC filing ID FEC-725098. Total receipts understated by \$23.08.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		85732.68
(b) Cash on Hand at Beginning of Reporting Period	65517.05	
(c) Total Receipts (from Line 19)	120623.84	161508.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186140.89	247240.89
7. Total Disbursements (from Line 31)	92500.00	153600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93640.89	93640.89
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)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	3	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	3	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	87281.96	112538.60
(ii) Unitemized	14853.05	25480.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	102135.01	138019.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	18488.83	23488.83
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	120623.84	161508.21
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	120623.84	161508.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	120623.84	161508.21

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.....	90500.00	150000.00	
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	3600.00	
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))..	92500.00	153600.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92500.00	153600.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	120623.84	161508.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120623.84	161508.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 58

(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. Daniel S. Schechter

Mailing Address 9016 Mistwood Drive

City

Potomac

State

MD

Zip Code

20854-2884

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Assistant V.P. Staff Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33103343

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Little

Mailing Address 112 Polo Fielss Chase

City

Warner Robins

State

CA

Zip Code

31088

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Claims Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33103344

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jan C Stewart

Mailing Address 715 Dale Drive

City

Silver Spring

State

MD

Zip Code

20910-4252

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 33103346

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 58

(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)

Stephen J Martz

Mailing Address 1783 Clovermeadow Drive

City

Vienna

State

VA

Zip Code

22182-1878

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Assistant VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33103347

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William J DeGrocco

Mailing Address 2 Angelica Court

City

West Babylon

State

NY

Zip Code

11704-8502

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Asst VP Home Office Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33103348

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald R. Lyons

Mailing Address 11616 Swains Lock Terrace

City

Potomac

State

MD

Zip Code

20854-1215

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 33103350

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58

(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. J. Douglas Robinson

Mailing Address Box 530

City

Utica

State

NY

Zip Code

13503-0530

FEC ID number of contributing federal political committee.

C

Name of Employer
Utica National Insurance Group

Occupation

Chairman and Chief Executive Officer

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 / 0 7 / 2 0 1 1

Transaction ID: 33103352

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr Charles S. Katter

Mailing Address 5017 S W Robert Court

City

Portland

State

OR

Zip Code

97219-3339

FEC ID number of contributing federal political committee.

C

Name of Employer
Oregon Mutual Group

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 33103353

Amount of Each Receipt this Period

300.00

C.

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

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

Transaction ID: 33103354

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 58

(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. Michael E. Keyes

Mailing Address 250 Northwest Valley View Ct.

City

Mc Minnville

State

OR

Zip Code

97128-5427

FEC ID number of contributing federal political committee.

C

Name of Employer
Oregon Mutual Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 33103355

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa C. Hargis

Mailing Address 3310 Knighton Way

City

Forest Grove

State

OR

Zip Code

97116-1032

FEC ID number of contributing federal political committee.

C

Name of Employer
Oregon Mutual Group

Occupation

Vice President Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 33103356

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Brian M. Steffel

Mailing Address 1533 NW Medinah Dr.

City

McMinnville

State

OR

Zip Code

97128-5087

FEC ID number of contributing federal political committee.

C

Name of Employer
Oregon Mutual Group

Occupation

Asst. Vice President - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 33103357

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58

(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)

Steven L Patterson

Mailing Address 2350 NW Crimson Court

City

McMinnville

State

OR

Zip Code

97128-2000

FEC ID number of contributing federal political committee.

C

Name of Employer
Oregon Mutual Group

Occupation

VP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 33103358

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Rutledge

Mailing Address 2124 Rosemont Drive

City

Montgomery

State

AL

Zip Code

36111-1007

FEC ID number of contributing federal political committee.

C

Name of Employer
Alfa Insurance Companies

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: 33103360

Amount of Each Receipt this Period

3600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Al Scott

Mailing Address 6408 Wynwood Place

City

Montgomery

State

AL

Zip Code

36117-3459

FEC ID number of contributing federal political committee.

C

Name of Employer
Alfa Insurance Companies

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: 33103361

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. C. Lee Ellis

Mailing Address 6304 Clarendon Rd.

City

Montgomery

State

AL

Zip Code

36117-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alfa Insurance Companies

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: 33103362

Amount of Each Receipt this Period

3600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Benjamin J. McKay

Mailing Address 5317 Yorktown Blvd

City

Arlington

State

VA

Zip Code

22207-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Property Casualty Insurers
Association

Occupation

Sr. VP Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.68

Date of Receipt

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

Transaction ID: 33103363

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Paul A. Pyne

Mailing Address 5 Downing Street

City

East Greenwich

State

RI

Zip Code

02818-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: 33103367

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional)

6500.00

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 / 58

(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)

James E. McDermott, Jr.

Mailing Address P. O. Box 36001

City

Fort Lauderdale

State

FL

Zip Code

33336-0001

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Sr VP & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33103368

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Theodore C. Murphy

Mailing Address 516 Black Plain Road

City

North Smithfield

State

RI

Zip Code

02896-9532

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Vice President Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: 33103371

Amount of Each Receipt this Period

480.00

C.

Full Name (Last, First, Middle Initial)

Mr Stephen Dolan

Mailing Address 8 Ridgeland Drive

City

Cumberland

State

RI

Zip Code

02864-3102

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 ▼

240.00

Date of Receipt

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

Transaction ID: 33103376

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 58

(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. Robert P. Suglia

Mailing Address 115 Dana Road

City

North Kingstown

State

RI

Zip Code

02852-3229

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 33103377

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Jill H. Andy

Mailing Address 3 Fletcher Way

City

Norton

State

MA

Zip Code

02766-1161

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: 33103380

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

Cumberland

State

RI

Zip Code

02864-5034

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Assistant Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33103383

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1320.00

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 / 58

(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)

Matthew L Mitchell

Mailing Address 2797 Nestlebrook Trail

City

Virginia Beach

State

VA

Zip Code

23456-8220

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Claims AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33103387

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Tony Nicely

Mailing Address 805 Nethercliffe Hall Road

City

Great Falls

State

VA

Zip Code

22066-2719

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Chairman, President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: 33103495

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Robert K. Benson

Mailing Address 29 Melrose Avenue

City

Barrington

State

RI

Zip Code

02806-4434

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33103500

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

2990.00

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 / 58

(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)

Terence A Mannion

Mailing Address 4917 Frishman Ct.

City

Woodbridge

State

VA

Zip Code

22193-3238

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation

Ass't Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103543

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James M. Sevey

Mailing Address 260 Alta Vista Avenue

City

Los Altos

State

CA

Zip Code

94022-2102

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Group

Occupation

EVP, Managing Director & General Couns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103544

Amount of Each Receipt this Period

600.00

C.

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 Com-
pany

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103545

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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 / 58

(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. Jonathan E. Michael

Mailing Address 12706 Georgetowne Road

City

Dunlap

State

IL

Zip Code

61525-9462

FEC ID number of contributing federal political committee.

C

Name of Employer
RLI

Occupation

President & CEO

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 / 1 4 / 2 0 1 1

Transaction ID: 33103548

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lee C. Fanshaw

Mailing Address 1648 Erin Hill

City

Stoughton

State

WI

Zip Code

53589-4853

FEC ID number of contributing federal political committee.

C

Name of Employer
American Family Insurance Group

Occupation

Government Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103549

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

David A Magers

Mailing Address 1701 Towanda Ave

City

Bloomington

State

IL

Zip Code

61701-2057

FEC ID number of contributing federal political committee.

C

Name of Employer
COUNTRY Financial

Occupation

Exec Vice President and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103550

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5740.00

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 / 58

(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)

Gregory E Murphy

Mailing Address 119 Curtis Point Dr.

City

Mantoloking

State

NJ

Zip Code

08738-1202

FEC ID number of contributing federal political committee.

C

Name of Employer
Selective Insurance Group, Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: 33103551

Amount of Each Receipt this Period

3600.00

B.

Full Name (Last, First, Middle Initial)

Craig W Kliethermes

Mailing Address 11306
N. Pawnee Road

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing federal political committee.

C

Name of Employer
RLI

Occupation

Sr Vice President Risk Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103639

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Hank Edmiston

Mailing Address 2850 Lake Vista Drive

City

Lewisville

State

TX

Zip Code

75067-4189

FEC ID number of contributing federal political committee.

C

Name of Employer
Fairfax Financial (USA) Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: 33103640

Amount of Each Receipt this Period

3600.00

SUBTOTAL of Receipts This Page (optional)

7440.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 58

(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. Seth A. Davis

Mailing Address 7220 N. Wescoth Court

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing federal political committee.

C

Name of Employer
RLI

Occupation

V P Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: 33103713

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

James P Loring

Mailing Address 46 Rocky Woods Rd

City

Hopkinton

State

MA

Zip Code

01748-1064

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Sr VP, CFO & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: 33103757

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Peter E. Moreau

Mailing Address 69 Turnstone Drive

City

Attleboro

State

MA

Zip Code

02703-6564

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Information Services Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: 33103758

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1540.00

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 / 58

(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. Philip R. Joslin

Mailing Address 2180 Satterfield Drive

City

Pocatello

State

ID

Zip Code

83201

FEC ID number of contributing federal political committee.

C

Name of Employer
Farm Bureau Mutual Insurance Company of

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 33103779

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Terrence W. Cavanaugh

Mailing Address 6300 Lake Shore Dr.

City

Erie

State

PA

Zip Code

16505-1015

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

CEO and President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 33103780

Amount of Each Receipt this Period

3600.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey D. Fick

Mailing Address 503 W. Copperfield Dr.

City

Dunlap

State

IL

Zip Code

61525-9613

FEC ID number of contributing federal political committee.

C

Name of Employer
RLI

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2011

Transaction ID: 33105174

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

4080.00

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 21 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph Dondanville

Mailing Address 1102 West Brookforest Drive
#2

City	State	Zip Code
Peoria	IL	61615-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer
RLIOccupation
SVP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33105175

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Robert J Schauer

Mailing Address 1 Guinevere RD

City	State	Zip Code
Monroe Township	NJ	08831-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer
RLI Insurance CompanyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33105176

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

J. David Moore

Mailing Address 3301 zold Field Rd.

City	State	Zip Code
Columbia	MO	65203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelter Insurance CompaniesOccupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 33105177

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

1680.00

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 / 58

(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)

Sally A Estvanic

Mailing Address 1714 Coyote Run

City

Valley City

State

OH

Zip Code

44280-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westfield Group

Occupation

Government Relations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 33105185

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

James J Tanous

Mailing Address 41 Niagara Pier

City

Erie

State

PA

Zip Code

16507-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Exec VP and General Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 33105186

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Watson

Mailing Address P. O. Box 37

City

Dayton

State

OH

Zip Code

45401-0037

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

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

Transaction ID: 33105187

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 58

(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 Richard Butler

Mailing Address 14280 Park Meadow Drive
Suite 300

City State Zip Code
Chantilly VA 20151-2291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medmarc Insurance Group

Occupation
Vice President Specialty Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 33115439

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
RLI

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33119069

Amount of Each Receipt this Period

3600.00

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
Amica Mutual Group

Occupation
Chairman, President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33119070

Amount of Each Receipt this Period

3600.00

SUBTOTAL of Receipts This Page (optional)

7500.00

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 / 58

(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)

Robert K. MacKenzie

Mailing Address 10 Sarah's Trace

City

East Greenwich

State

RI

Zip Code

02818-3063

FEC ID number of contributing federal political committee.

C

Name of Employer
Amica Mutual Group

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33119076

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. James C Boland

Mailing Address 3791-3 Lander Road
Landerwood Glen

City

Chagrin Falls

State

OH

Zip Code

44022-1392

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33119077

Amount of Each Receipt this Period

500.00

C.

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33119078

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

980.00

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 / 58

(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. Thomas J. Tierney

Mailing Address 253 Fairway Drive

City

South Burlington

State

VT

Zip Code

05403-5868

FEC ID number of contributing federal political committee.

C

Name of Employer
Vermont Mutual Insurance Group

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33119079

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bernard M. Flynn

Mailing Address 274 Burning Tree Road

City

Delran

State

NJ

Zip Code

08075-1913

FEC ID number of contributing federal political committee.

C

Name of Employer
NJM Insurance Group

Occupation

President & CEO

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 5 / 2 0 1 1

Transaction ID: 33119093

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John D. Blackburn

Mailing Address 20 Pinehurst Road

City

Lincoln

State

IL

Zip Code

62656-9100

FEC ID number of contributing federal political committee.

C

Name of Employer
COUNTRY Financial

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33119094

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11200.00

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 / 58

(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. Michael A Ray

Mailing Address 1337 Livingston Avenue

City

Pacifica

State

CA

Zip Code

94044-3929

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Group

Occupation

SVP, CFO & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33131311

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Sara D. Smith

Mailing Address 2405 39th St.

City

Missoula

State

MT

Zip Code

59803-1122

FEC ID number of contributing federal political committee.

C

Name of Employer
Attorneys Liability Protection Society

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33131312

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Wallace

Mailing Address 6023 N Waterbury Road

City

Des Moines

State

IA

Zip Code

50312-1343

FEC ID number of contributing federal political committee.

C

Name of Employer
GuideOne Insurance

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33131313

Amount of Each Receipt this Period

3600.00

SUBTOTAL of Receipts This Page (optional)

4800.00

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 / 58

(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. Andrew S. Frazier

Mailing Address 23 Sherwood Downs

City

Park Ridge

State

NJ

Zip Code

07656-2603

FEC ID number of contributing federal political committee.

C

Name of Employer
Western World Insurance
Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33131314

Amount of Each Receipt this Period

3600.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E. Cahill, Jr.

Mailing Address 245 Laurel Grove Avenue

City

Kentfield

State

CA

Zip Code

94904-1538

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Insurance Company

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 33131330

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr James R Kauffman

Mailing Address 877 Balboa Ln

City

Foster City

State

CA

Zip Code

94404-2931

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Group

Occupation

First V P - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: 33131343

Amount of Each Receipt this Period

480.00

SUBTOTAL of Receipts This Page (optional)

5080.00

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 / 58

(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)

Carol J. Denzer

Mailing Address 212 White Clover Dr.

City

Chillicothe

State

IL

Zip Code

61523-1912

FEC ID number of contributing federal political committee.

C

Name of Employer
RLI

Occupation

VP & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33131362

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Bower

Mailing Address 259 La Casa Ave.

City

San Mateo

State

CA

Zip Code

94403-5014

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Group

Occupation

Sr VP Strategic Planning & Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 33131363

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Fariborz Ghadar

Mailing Address 2029 Connecticut Avenue NW #21

City

Washington

State

DC

Zip Code

20008-6142

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

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

Transaction ID: 33131364

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1440.00

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 / 58

(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)

Paul J. Simoneau

Mailing Address 39 Cope Farms Rd.

City

Farmington

State

CT

Zip Code

06032-3181

FEC ID number of contributing federal political committee.

C

Name of Employer
RLI Insurance Company

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33136359

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. William R. Dahlman

Mailing Address 4442 Gentry Avenue

City

North Hollywood

State

CA

Zip Code

91607-4115

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Management Company

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 33136360

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph C Muenzen

Mailing Address 1060 Deanna Dr.

City

Menlo Park

State

CA

Zip Code

94025-6617

FEC ID number of contributing federal political committee.

C

Name of Employer
California Casualty Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 33136361

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

730.00

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 / 58

(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

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

Transaction ID: 33136362

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jackie A. Gatlin

Mailing Address 7965 Ruststone Court

City

Colorado Springs

State

CO

Zip Code

80919-2921

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Casualty Group

Occupation

Vice President Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 33136385

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory V. Ostergren

Mailing Address Corporate Centre
1949 East Sunshine

City

Springfield

State

MO

Zip Code

65899-0001

FEC ID number of contributing
federal political committee.**C**Name of Employer
American National Property
and Casualty

Occupation

Chairman, President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: PR1456193325800

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Ms. June T. Holmes

Mailing Address 409 S. Vine

City

Park Ridge

State

IL

Zip Code

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

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

Transaction ID: PR1456336825800

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

Northbrook

State

IL

Zip Code

60062-6608

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

Sr VP Membership & Marketing Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456395525800

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Scott A. Joyner

Mailing Address 57 E. Delaware
#2105

City

Chicago

State

IL

Zip Code

60611-1476

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

Vice President Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

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

Transaction ID: PR1456541525800

Amount of Each Receipt this Period

213.00

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

SUBTOTAL of Receipts This Page (optional)

613.00

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 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Ms. Susan G. Vincent

Mailing Address 1787 Sheffield

City

Birmingham

State

MI

Zip Code

48009-7224

FEC ID number of contributing federal political committee.

C

Name of Employer
Amerisure Companies

Occupation

VP-General Counsel & Sec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: PR1456707725800

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Hoeg

Mailing Address 17950 Cranbrook Court

City

Northville

State

MI

Zip Code

48167-4335

FEC ID number of contributing federal political committee.

C

Name of Employer
Amerisure Companies

Occupation

Executive VP-COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: PR1456708425800

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Graf

Mailing Address 45000 Drocton

City

Novi

State

MI

Zip Code

48375-3802

FEC ID number of contributing federal political committee.

C

Name of Employer
Amerisure Companies

Occupation

VP-Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: PR1456720625800

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 58

(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. Michael Dieterle

Mailing Address 47202 White Pines Drive

City

Novi

State

MI

Zip Code

48374-3697

FEC ID number of contributing federal political committee.

C

Name of Employer
Amerisure Companies

Occupation

VP-Fld Mkt & Undrwrtnng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: PR1456721825800

Amount of Each Receipt this Period

80.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Mark F. Fox

Mailing Address 29911 Robert

City

Livonia

State

MI

Zip Code

48150-3045

FEC ID number of contributing federal political committee.

C

Name of Employer
Amerisure Companies

Occupation

VP Special Risk Undrwrtnng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: PR1578285425800

Amount of Each Receipt this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)

Ms. Ann W. Spragens

Mailing Address 5510 Chase Avenue

City

Downers Grove

State

IL

Zip Code

60515-4268

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

Sr Vice President, Secretary & General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1632493225800

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

240.00

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 34 / 58

(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. Benjamin J. McKay

Mailing Address 5317 Yorktown Blvd

City

Arlington

State

VA

Zip Code

22207-1528

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

Sr. VP Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.02

Date of Receipt

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

Transaction ID: PR1695170225800

Amount of Each Receipt this Period

208.34

P/R Deduction (\$104.17 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr Thomas R. Litjen

Mailing Address 3917 Barcroft Mews Court

City

Falls Church

State

VA

Zip Code

22041-1235

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

VP Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

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

Transaction ID: PR1790384225800

Amount of Each Receipt this Period

208.34

P/R Deduction (\$104.17 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kurt D Gallinger

Mailing Address 26777 Halsted Road

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing federal political committee.

C

Name of Employer
Amerisure Companies

Occupation

VP Gov Rel & Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: PR2020349225800

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional)

536.68

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 35 / 58

(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)

Vincent T Donnelly

Mailing Address 174 Meadow View Lane

City

Lansdale

State

PA

Zip Code

19446-5931

FEC ID number of contributing federal political committee.

C

Name of Employer
PMA Insurance Group

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: PR2151653925800

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

David A. Sampson

Mailing Address 2435 Luckett Ave

City

Vienna

State

VA

Zip Code

22180-6819

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

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

Transaction ID: PR2228336725800

Amount of Each Receipt this Period

355.00

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

C.

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 and Political

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2247336325800

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

555.00

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 36 / 58

(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)

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

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

Transaction ID: PR2357924925800

Amount of Each Receipt this Period

300.00

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

B.

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

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

Transaction ID: PR2400795625800

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Micaela Isler

Mailing Address 980 Los Angeles NE

City

Atlanta

State

GA

Zip Code

30306-3604

FEC ID number of contributing federal political committee.

C

Name of Employer
Property Casualty Insurers Association

Occupation

Regional Mgr State Government Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2485632325800

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 58

(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)

James E Hohmann

Mailing Address 54 Hillburn Lane

City

North Barrington

State

IL

Zip Code

60010-6975

FEC ID number of contributing federal political committee.

C

Name of Employer
FBL Financial Group

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.56

Date of Receipt

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

Transaction ID: PR2540032325800

Amount of Each Receipt this Period

327.28

P/R Deduction (\$327.28 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael F. Gerik

Mailing Address PO Box 23650

City

Waco

State

TX

Zip Code

76702-3650

FEC ID number of contributing federal political committee.

C

Name of Employer
Texas Farm Bureau Group

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR2541307125800

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

447.28

TOTAL This Period (last page this line number only)

87281.96

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

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

FOR LINE NUMBER: PAGE 38 / 58

(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)

GUARD FEDPAC

Mailing Address 16 South River Street

City

Wilkes Barre

State

PA

Zip Code

18703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3488.83

Date of Receipt

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

Transaction ID: 33103388

Amount of Each Receipt this Period

3488.83

B.

Full Name (Last, First, Middle Initial)

AMFAM Federal PAC

Mailing Address 6000 American Parkway

City

Madison

State

WI

Zip Code

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
0 3 / 1 4 / 2 0 1 1

Transaction ID: 33103552

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

COUNTRY PAC

Mailing Address 1705 Towanda Avenue

City

Bloomington

State

IL

Zip Code

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 5 / 2 0 1 1

Transaction ID: 33119095

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

13488.83

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 39 / 58

(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)

Elect PAC

Mailing Address P.O. Box 11023

City

Montgomery

State

AL

Zip Code

36191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 33131474

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

18488.83

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 58

<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) Batchelder for Representative Committee	Transaction ID: 33090527 Date of Disbursement																				
Mailing Address 4086 Irvine Oval	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Medina State OH Zip Code 44256	Amount of Each Disbursement this Period																				
Purpose of Disbursement William Batchelder, STATE HOUSE 69th OH	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name OH Rep. William Batchelder	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	William Batchelder, STATE HOUSE 69th OH																				
B. Full Name (Last, First, Middle Initial) Committee to Elect Earl Ray Tomblin 2011	Transaction ID: 33105243 Date of Disbursement																				
Mailing Address P. O. Box 11530	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	1												
City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period																				
Purpose of Disbursement Earl Ray Tomblin, GOVERNOR WV	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Earl Ray Tomblin	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Earl Ray Tomblin, GOVERNOR WV																				
C. Full Name (Last, First, Middle Initial) PEGPAC	Transaction ID: 33105245 Date of Disbursement																				
Mailing Address 116 Pine Street Suite 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	1												
City Harrisburg State PA Zip Code 17101	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1750.00

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 41 / 58

<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)

CTE Peter Lund for State Rep

Mailing Address 6881 Muirfield Dr.

City
Shelby Twp

State
MI

Zip Code
48316

Purpose of Disbursement
Pete Lund, STATE HOUSE 36th MI

Candidate Name
MI Rep. Pete Lund

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 36

Transaction ID: 33105253

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2011

Amount of Each Disbursement this Period

250.00

Pete Lund, STATE HOUSE 36th MI

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

2000.00

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)

PAGE 42 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Andre Carson For Congress

Mailing Address One North Capitol Street #211

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

011

Category/
Type

Candidate Name
Andre Carson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 07

Transaction ID: 33090553

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Blaine For Congress 2012

Mailing Address 217 Third St. SW

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Blaine Luetkemeyer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 33090554

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City Chattanooga State TN Zip Code 37403

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Robert Corker

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: 33090555

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 58

<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) The Freedom Project</p> <p>Mailing Address 424 C Street, NE Basement Unit</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name The Freedom Project</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: 33090559</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">16</div> / <div style="border: 1px solid black; padding: 2px;">2011</div></div> </div> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Donnelly for Congress</p> <p>Mailing Address 499 South Capitol Street, SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 02</p>	<p>Transaction ID: 33090561</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">16</div> / <div style="border: 1px solid black; padding: 2px;">2011</div></div> </div> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gardner For Congress</p> <p>Mailing Address PO Box 2408</p> <p>City Loveland State CO Zip Code 80539</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Cory Gardner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General - Debt</p> <p>State: CO District: 04</p>	<p>Transaction ID: 33090564</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">16</div> / <div style="border: 1px solid black; padding: 2px;">2011</div></div> </div> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p> </p>

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)

PAGE 44 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

David Schweikert For Congress

Mailing Address 15749 E El Lago Blvd

City State Zip Code
Fountain Hills AZ 85268

Purpose of Disbursement

Candidate Name
Mr. David Schweikert

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 05

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 33090567

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Dennis Ross

Mailing Address PO Box 7310

City State Zip Code
Lakeland FL 33807

Purpose of Disbursement

Candidate Name
Mr. Dennis Ross

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 12

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 33090568

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Roskam For Congress

Mailing Address P.O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement

Candidate Name
Mr. Peter Roskam

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 06

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 33090569

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 58

<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) Scott Garrett for Congress	Transaction ID: 33090570 Date of Disbursement																				
Mailing Address P.O. Box 905	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Newton State NJ Zip Code 07860-0905	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Scott Garrett	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Freedom Fund	Transaction ID: 33090572 Date of Disbursement																				
Mailing Address 1155 21st Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Growth and Prosperity PAC	Transaction ID: 33090573 Date of Disbursement																				
Mailing Address 217 Third St., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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) ▼																				

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)

PAGE 46 / 58

<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

Mailing Address PO Box 16646

City
Milwaukee

State
WI

Zip Code
53216

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gwen Moore

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 04

Transaction ID: 33090579

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

House Conservatives Fund

Mailing Address 324 2nd St. SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 33090645

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JEBFUND (Jobs, Economy and Budget Fund)

Mailing Address 7315 Wisconsin Avenue
Suite 705 East

City
Bethesda

State
MD

Zip Code
20814

Purpose of Disbursement

011

Category/
Type

Candidate Name

JEBFUND (Jobs, Economy and Budget Fund)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 33090661

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

5000.00

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)

PAGE 47 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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) Kevin McCarthy For Congress	Transaction ID: 33090799 Date of Disbursement
Mailing Address P O Box 12667	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Mr. Kevin McCarthy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee	Transaction ID: 33090800 Date of Disbursement
Mailing Address P.O. Box 395	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Wrentham State MA Zip Code 02903	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Scott Brown	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress	Transaction ID: 33090803 Date of Disbursement
Mailing Address P.O. Box 1441	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Lynn Jenkins	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 PageFOR LINE NUMBER:
(check only one)

PAGE 48 / 58

<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)

Majority Committee

Mailing Address P.O. BOX 10134

City
BAKERSFIELDState
CAZip Code
93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Majority Committee

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 33090806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Neugebauer Congressional Committee

Mailing Address PO Box 54175

City
LubbockState
TXZip Code
79453

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert Neugebauer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 33090814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Neugebauer Congressional Committee

Mailing Address PO Box 54175

City
LubbockState
TXZip Code
79453

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert Neugebauer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 33090815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

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)

PAGE 49 / 58

<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) 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 12</p>	<p>Transaction ID: 33090817</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 6</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PETE PAC</p> <p>Mailing Address 7804 Evening Lane</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name PETE PAC</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: 33090921</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 6</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) David Scott For Congress</p> <p>Mailing Address 162 Hurt Street NE</p> <p>City Atlanta State GA Zip Code 30307</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. David Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 13</p>	<p>Transaction ID: 33091361</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 6</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div> </p>

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 PageFOR LINE NUMBER:
(check only one)

PAGE 50 / 58

<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 2012

Mailing Address 217 Third St. SW

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 33091362

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Heartland Values PAC

Mailing Address P.O. Box 505

City
Sioux FallsState
SDZip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 33091363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Shelby for U.S. Senate

Mailing Address P.O. Box 1091

City
TuscaloosaState
ALZip Code
35403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sena Richard Shelby

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District:

Transaction ID: 33091365

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

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)

PAGE 51 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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) Menendez for Senate	Transaction ID: 33091386 Date of Disbursement
Mailing Address 315 C Street SE Lower Level	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Robert Menendez	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SCOTT PAC	Transaction ID: 33091387 Date of Disbursement
Mailing Address 15 LAUREL TERRACE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City SPARTA State NJ Zip Code 07871	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name SCOTT PAC	<div>011</div> Category/ Type
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) ▼
C. Full Name (Last, First, Middle Initial) Hensarling for Congress	Transaction ID: 33091614 Date of Disbursement
Mailing Address P.O. Box 820504	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Mr. Jeb Hensarling	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 52 / 58

<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)

Montanans For Tester

Mailing Address 236 Massachusetts Ave NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Jon Tester

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: 33091618

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Whitehouse For Senate

Mailing Address 10 G Street NE Suite 570

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sheldon Whitehouse

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District:

Transaction ID: 33091620

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Whitehouse For Senate

Mailing Address 10 G Street NE Suite 570

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sheldon Whitehouse

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District:

Transaction ID: 33091621

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

3000.00

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)

PAGE 53 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)
Common Sense Leadership PAC

Mailing Address PO BOX 1978

City State Zip Code
Denver CO 80201

Purpose of Disbursement

011

Category/
Type

Candidate Name
Common Sense Leadership PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 33091622

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Meeks for Congress

Mailing Address 21910 South Conduit Avenue

City State Zip Code
Springfield Garden NY 11413

Purpose of Disbursement
Void - Meeks for Congress-State date

011

Category/
Type

Candidate Name
Repr Gregory Meeks

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 06

Transaction ID: 33105171

Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Meeks for Congress-
State date

C. Full Name (Last, First, Middle Initial)
Evan Bayh Committee

Mailing Address P.O. Box 40977

City State Zip Code
Indianapolis IN 46240-0977

Purpose of Disbursement
Void - Evan Bayh Committee- State date

011

Category/
Type

Candidate Name
Sena Evan Bayh

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District:

Transaction ID: 33105172

Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Evan Bayh Committe-
e- State date

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Hodes For Senate

Mailing Address 379 Elm Street

City
Manchester

State
NH

Zip Code
03103

Purpose of Disbursement

Void - Hodes For Senate - State date

Candidate Name
Mr. Paul Hodes

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 33105173

Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Hodes For Senate -
State date

B.

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

Candidate Name
Sen. Jim Gerlach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: 33117675

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joe Walsh For Congress Committee, Inc.

Mailing Address 830 W. Route 22 -Box 56

City
Lake Zurich

State
IL

Zip Code
60047

Purpose of Disbursement

Candidate Name
Rep. Joe Walsh

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 33117687

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

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 55 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address PO Box 52008

City
Casper

State
WY

Zip Code
82605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Barrasso, MD

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: WY

District:

Transaction ID: 33117690

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Judy Biggert for Congress

Mailing Address PO Box 637

City
Hinsdale

State
IL

Zip Code
60522

Purpose of Disbursement

011

Category/
Type

Candidate Name

Repr Judy Biggert

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: IL

District: 13

Transaction ID: 33117693

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Raul Labrador For Idaho

Mailing Address PO Box 1616

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Raul Labrador

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: ID

District: 01

Transaction ID: 33117694

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 / 58

<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)

Sandy Adams For Congress

Mailing Address PO Box 1566

City
OrlandoState
FLZip Code
32802

Purpose of Disbursement

Candidate Name
Sandy AdamsOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 24

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
2010 Primary - Debt

Transaction ID: 33117696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Price For Congress

Mailing Address PO Box 425

City
RoswellState
GAZip Code
30077

Purpose of Disbursement

Candidate Name
Rep. Thomas Price, M.D.Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 06

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33117699

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	1

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Buckeye Liberty PAC

Mailing Address 701 8th Street NW Suite 500

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Candidate Name
Buckeye Liberty PACOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33117843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	1

Amount of Each Disbursement this Period

2500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 57 / 58

<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 2012

Mailing Address 217 Third St. SW

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 09

Transaction ID: 33117857

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	1

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City
ChanoogaState
TNZip Code
37403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Robert Corker

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District:

Transaction ID: 33121625

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngfield St #264

City
Wheat RidgeState
COZip Code
80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edwin Perlmutter

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 07

Transaction ID: 33121626

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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) Cleaver For Congress	Transaction ID: 33121627 Date of Disbursement
Mailing Address 4801 Main Street, Suite 1000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Kansas City State MO Zip Code 64112	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Emanuel Cleaver, II	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 33121629 Date of Disbursement
Mailing Address 236 Massachusetts Ave Suite 110	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Kirsten Gillibrand	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dold For Congress	Transaction ID: 33121766 Date of Disbursement
Mailing Address PO Box 8145	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Northfield State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Robert Dold	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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)

90500.00