

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

American Insurance Association Political Action Committee

ADDRESS (number and street) 555 12th Street, NW

Check if different than previously reported. (ACC) Suite 550

Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** ▼ C00103143 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2016

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

Type or Print Name of Treasurer Mrs. Leigh Ann Pusey

Signature of Treasurer Mrs. Leigh Ann Pusey *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		50659.35
(b) Cash on Hand at Beginning of Reporting Period.....	46079.79	
(c) Total Receipts (from Line 19) .....	1888.26	8681.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47968.05	59340.59
7. Total Disbursements (from Line 31).....	8086.91	19459.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39881.14	39881.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Insurance Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	720.10	1721.00
(ii) Unitemized .....	164.29	944.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	884.39	2665.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1884.39	8665.67
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.).....	3.87	15.57
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 Transfers (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))..... ▶	1888.26	8681.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1888.26	8681.24

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	86.91	459.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	86.91	459.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	17000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	8086.91	19459.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8086.91	19459.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1884.39	8665.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1884.39	8665.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	86.91	459.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	86.91	459.45

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

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

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

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

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

**A. Fred Bosse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1507 Richcreek Rd  
 City Austin State TX Zip Code 78757-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Insurance Association Occupation Vice President, Southwest Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.60

Date of Receipt 04 / 01 / 2016  
**Transaction ID : 2E826B10E3CC4D1FB7CD**  
 Amount of Each Receipt this Period 39.40  
 Memo Item

**B. Fred Bosse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1507 Richcreek Rd  
 City Austin State TX Zip Code 78757-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Insurance Association Occupation Vice President, Southwest Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.60

Date of Receipt 04 / 15 / 2016  
**Transaction ID : 96CD71C60B09422FBA3B**  
 Amount of Each Receipt this Period 39.40  
 Memo Item

**C. Fred Bosse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1507 Richcreek Rd  
 City Austin State TX Zip Code 78757-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Insurance Association Occupation Vice President, Southwest Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.60

Date of Receipt 04 / 29 / 2016  
**Transaction ID : D292CC903A1946BEABB6**  
 Amount of Each Receipt this Period 39.40  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.20  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : 5E33C03C7F434EEFA73D**

Amount of Each Receipt this Period  
 192.30

Memo Item

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : 7DD31BAB1B8A4E9EBA8E**

Amount of Each Receipt this Period  
 192.30

Memo Item

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : 84A368EA1C8A494797E2**

Amount of Each Receipt this Period  
 192.30

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.90

**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 OF 13  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Insurance Association Political Action Committee**

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

Mailing Address 10514 James Wren Way

City State Zip Code  
Fairfax VA 22030-8119

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

Name of Employer Occupation  
American Insurance Association Sr. Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2016

**Transaction ID : 7D30F4C1ADDA4003AF11**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	720.10



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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**CUNA Mutual Holding Company Political Action Committee (CUNA MUTUAL PAC)**

Mailing Address 5910 Mineral Point Rd, PO Box 747  
 Mail Stop 5910 4 A2

City Madison State WI Zip Code 53701-0747

FEC ID number of contributing federal political committee. **C** C00402107

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : EE7230A58C324C4390C8**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 1100 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 06835FF63ADD41BEB64**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blaine for Congress**

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**W. Blaine Luetkemeyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

**Transaction ID : 7BE20A037798CB6E05A**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo Congress**

Mailing Address 8724 SW 72nd St

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Carlos Luis Curbelo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

**Transaction ID : 0F8A6A040507FC942A1**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Common Values PAC**

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Common Values PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	6

**Transaction ID : 504AD10AC5EBCDDFC62**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Comstock for Congress**

Mailing Address PO Box 831

City State Zip Code  
Mc Lean VA 22101

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name  
**Barbara Jean Comstock**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

Transaction ID : 5ACAB3A40D6742305FD

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
---------

6000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

**American Insurance Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DeWine for Justice**

Mailing Address 260 N. Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : F9934659255552041C3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Fischer**

Mailing Address 260 N. Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : BDAD29E4DF10E6F5CD7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

2000.00