

**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 (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2010

through

06

30

2010

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

Type or Print Name of Treasurer

June Holmes

Signature of Treasurer

Electronically Filed by June Holmes

Date

08

20

2010

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

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

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

Amendment to 7/20 monthly (FEC filing ID 483723). To correct beginning cash on hand.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 60

Write or Type Committee Name

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

Report Covering the Period:

From:

M M  
0 6D D  
0 1Y Y Y Y  
2 0 1 0

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		162108.60
(b) Cash on Hand at Beginning of Reporting Period .....	264975.04	
(c) Total Receipts (from Line 19) .....	59826.42	334072.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	324801.46	496181.46
7. Total Disbursements (from Line 31) .....	78000.00	249380.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	246801.46	246801.46
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)

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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	6	0	1	2	0	1	0

To:

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

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) .....	31853.49	212821.24
(ii) Unitemized .....	12922.76	51643.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	44776.25	264464.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15000.00	65000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	59776.25	329464.92
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	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	50.17	107.94
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)) .....	59826.42	334072.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	59826.42	334072.86

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71500.00	231630.00	
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.....	6500.00	17750.00	
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))..	78000.00	249380.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78000.00	249380.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	59776.25	329464.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59776.25	329464.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 60

(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)

David P Hollander

Mailing Address 180 Golf House Road

City

Haverford

State

PA

Zip Code

19041-1060

FEC ID number of contributing federal political committee.

C

Name of Employer  
Westfield Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 31825954

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James P. Thomas, CPCU

Mailing Address W5237 Bechaud Beach Dr.

City

Fond Du Lac

State

WI

Zip Code

54935-1937

FEC ID number of contributing federal political committee.

C

Name of Employer  
Society Group

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 31825957

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark E. Grieb

Mailing Address 5618 S 169th St

City

Omaha

State

NE

Zip Code

68135-2250

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31942118

Amount of Each Receipt this Period

250.00

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

2350.00

**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 / 60

(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. Ann Federici

Mailing Address 22699 Indian Wood Drive

City

South Lyon

State

MI

Zip Code

48178-9420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31942120

Amount of Each Receipt this Period

250.00

**B.**

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 6 / 0 8 / 2 0 1 0

Transaction ID: 31943195

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George W. Rogers

Mailing Address 5120 Highlands By The Lake Drive

City

Lakeland

State

FL

Zip Code

33813-3083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEICO

Occupation

Regional 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 6 / 0 8 / 2 0 1 0

Transaction ID: 31943198

Amount of Each Receipt this Period

250.00

**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 9 / 60

(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. Ralph Schmeling

Mailing Address 18636 Hobby Hills Trail

City

Prior Lake

State

MN

Zip Code

55372-9703

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Auto Club Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 31943204

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Fausto J Martin

Mailing Address 50604 Amberling Blvd

City

Canton

State

MI

Zip Code

48187

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Auto Club Group

Occupation

VP and Chief Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31943207

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Terry McElroy

Mailing Address 18633 Fox Hollow Ct.

City

Northville

State

MI

Zip Code

48168-8849

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Auto Club Group

Occupation

Senior VP &amp; 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	6	/	1	1	/	2	0	1	0

Transaction ID: 31943209

Amount of Each Receipt this Period

500.00

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 10 / 60

(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)

Christine Bernhard Viegas

Mailing Address 3100 Pine Lake Road

City

West Bloomfield

State

MI

Zip Code

48324-1949

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Vice President Office of General Couns

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31943210

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert J Leski

Mailing Address 1685 North Opdyke Road

City

Auburn Hills

State

MI

Zip Code

48326-2656

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEEMIC 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 6 / 1 1 / 2 0 1 0

Transaction ID: 31943211

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Betty M. Schick

Mailing Address 9048 Gooding Dr.

City

Saline

State

MI

Zip Code

48176-8009

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31943212

Amount of Each Receipt this Period

250.00

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

740.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 60

(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 6 / 0 8 / 2 0 1 0

Transaction ID: 31943214

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Izzo

Mailing Address 612 Remington Dr.

City

Macon

State

GA

Zip Code

31210-7543

FEC ID number of contributing federal political committee.

C

Name of Employer  
GEICO

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 31943215

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marcia A Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1854

FEC ID number of contributing federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31943329

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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 / 60

(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. Steven W. Brown

Mailing Address 8455 Dunham Station Dr

City

Tampa

State

FL

Zip Code

33647-3339

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 0

Transaction ID: 31943330

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael W Grebe

Mailing Address 777 N. Prospect Ave., Apt.402

City

Milwaukee

State

WI

Zip Code

53202-4000

FEC ID number of contributing federal political committee.

C

Name of Employer  
Church Mutual Insurance Company

Occupation

Vice President Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 31943349

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gerald Whitburn

Mailing Address W7146 Village Road  
Unit A

City

Merrill

State

WI

Zip Code

54452-8577

FEC ID number of contributing federal political committee.

C

Name of Employer  
Church Mutual Insurance Company

Occupation

Chairman, President &amp; 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 6 / 2 1 / 2 0 1 0

Transaction ID: 31943350

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional) .....

2450.00

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 / 60

(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. Ravn

Mailing Address 101 West Taylor Street

City

Merrill

State

WI

Zip Code

54452-3062

FEC ID number of contributing federal political committee.

C

Name of Employer  
Church Mutual Insurance Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 31943351

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas B Morgan

Mailing Address P. O. Box 237

City

Merrill

State

WI

Zip Code

54452-0237

FEC ID number of contributing federal political committee.

C

Name of Employer  
Church Mutual Insurance Company

Occupation

Executive 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 6 / 2 1 / 2 0 1 0

Transaction ID: 31943352

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Ciak

Mailing Address 1560 Hopi Court

City

Green Bay

State

WI

Zip Code

54313-9515

FEC ID number of contributing federal political committee.

C

Name of Employer  
Ameriprise 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 6 / 2 4 / 2 0 1 0

Transaction ID: 31943353

Amount of Each Receipt this Period

3600.00

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

5400.00

**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 / 60

(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. Steven D. Carroll

Mailing Address 6916 Brack Penny Rd.

City

Raleigh

State

NC

Zip Code

27603-7900

FEC ID number of contributing federal political committee.

C

Name of Employer  
North Carolina Farm Bureau  
Group

Occupation

Executive Vice President and General M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 31967587

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger N Batdorff

Mailing Address 1707 Laughridge Drive

City

Cary

State

NC

Zip Code

27511-5272

FEC ID number of contributing federal political committee.

C

Name of Employer  
North Carolina Farm Bureau  
Group

Occupation

Sr Exec Actuarial, Rsrch & Finance Inv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 31968996

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Julian H Philpott

Mailing Address 1920 Larkspur Drive

City

Sanford

State

NC

Zip Code

27330-8295

FEC ID number of contributing federal political committee.

C

Name of Employer  
North Carolina Farm Bureau  
Group

Occupation

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 6 / 2 5 / 2 0 1 0

Transaction ID: 31971279

Amount of Each Receipt this Period

300.00

**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 15 / 60

(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. Ruth M Fulk

Mailing Address 1805 Pony Run Road

City

Raleigh

State

NC

Zip Code

27615-7414

FEC ID number of contributing federal political committee.

C

Name of Employer  
North Carolina Farm Bureau Group

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 31971282

Amount of Each Receipt this Period

250.00

**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 Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 31971763

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Bannon

Mailing Address 610 Samuel Drive

City

Madison

State

WI

Zip Code

53717-2109

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 31971764

Amount of Each Receipt this Period

300.00

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

1550.00

**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 / 60

(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. Robert Ross

Mailing Address 11692 East Hills Drive

City

Plymouth

State

MI

Zip Code

48170-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Vice President Insurance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31971782

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven Wagner

Mailing Address 47181 Northumberland

City

Novi

State

MI

Zip Code

48374-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Senior 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	6	/	2	1	/	2	0	1	0

Transaction ID: 31971784

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard T. White

Mailing Address 6091 N. Creek Court

City

West Bloomfield

State

MI

Zip Code

48322-2096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto Club Group

Occupation

Senior VP, Secretary and General Couns

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 31971788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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 / 60

(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. Thomas M. Van Berkel

Mailing Address 24419 Moss Creek Lane

City

Ponte Vedra

State

FL

Zip Code

32082-2163

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Main Street America Group

Occupation

Chairman, President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Transaction ID: 32057796

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Antonia M. Porterfield

Mailing Address 173 Barberry Lane

City

Ponte Vedra Beach

State

FL

Zip Code

32082-3000

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Main Street America Group

Occupation

Sr. VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Transaction ID: 32057797

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry J. Pippins

Mailing Address 2036 E. Clovelly Lane

City

Saint Augustine

State

FL

Zip Code

32092-1093

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Main Street America Group

Occupation

V P Commercial Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Transaction ID: 32057798

Amount of Each Receipt this Period

300.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 60

(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 J Peeters

Mailing Address 420 Clearwater Drive

City

Ponte Vedra

State

FL

Zip Code

32082-4170

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Vice President, Commercial Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057799

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara A Parker

Mailing Address 8034 Luckstone Drive

City

Dublin

State

OH

Zip Code

43017-8584

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

VP Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057800

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Geoffrey S. Molina

Mailing Address 222 Darling Road

City

Keene

State

NH

Zip Code

03431-4942

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Vice President - Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057801

Amount of Each Receipt this Period

300.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 60

(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)

Susan E Mack

Mailing Address 264 Royal Tern Road

City

Ponte Vedra Beach

State

FL

Zip Code

32082-6275

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

SVP 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 6 / 2 5 / 2 0 1 0

Transaction ID: 32057802

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Edward P. Lotkowski

Mailing Address 127 Meadow Road #11

City

Keene

State

NH

Zip Code

03431-3968

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

V. P. and Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057803

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Lancashire

Mailing Address 337 N. Sea Lake Lane

City

Ponte Vedra

State

FL

Zip Code

32082-4756

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America 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 6 / 2 5 / 2 0 1 0

Transaction ID: 32057804

Amount of Each Receipt this Period

300.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 60

(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 Edward J Kuhl

Mailing Address 638 Treehouse Circle

City

Saint Augustine

State

FL

Zip Code

32095-6836

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Sr. VP and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057805

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg A Effner

Mailing Address 1181 Mill Creek Dr

City

Jacksonville

State

FL

Zip Code

32259-8974

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Regional President, Southeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057809

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Steven T. Berry

Mailing Address 155 Town Hill Rd

City

New Hartford

State

CT

Zip Code

06057-2013

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057810

Amount of Each Receipt this Period

300.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mr Mark A Berger

Mailing Address 8622 Weaver Raod

City

Chittenango

State

NY

Zip Code

13037

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057811

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory E Murphy

Mailing Address 40 Wantage Avenue

City

Branchville

State

NJ

Zip Code

07890-0001

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 6 / 2 5 / 2 0 1 0

Transaction ID: 32057812

Amount of Each Receipt this Period

3600.00

**C.**

Full Name (Last, First, Middle Initial)

Brian J Beggs

Mailing Address 1820 Red Hawk Ct.

City

St Augustine

State

FL

Zip Code

32092-5038

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057817

Amount of Each Receipt this Period

300.00

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

4200.00

**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 / 60

(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)

Douglas Todd Eden

Mailing Address 423 N. Garfield Avenue

City

Hinsdale

State

IL

Zip Code

60521-3725

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

SVP Field Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057818

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 1176 Eagle Point Drive

City

St Augustine

State

FL

Zip Code

32092-5013

FEC ID number of contributing federal political committee.

C

Name of Employer  
Main Street America Group

Occupation

VP Operational Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 32057819

Amount of Each Receipt this Period

300.00

**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 ▼

1800.00

Date of Receipt

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

Transaction ID: PR1456193324137

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 60

(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. James P Brannen

Mailing Address 3329 Waterberry Circle

City

Wauke

State

IA

Zip Code

50263-8151

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.30

Date of Receipt

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

Transaction ID: PR1456262924137

Amount of Each Receipt this Period

45.46

P/R Deduction (\$45.46 Monthly)

**B.**

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 ▼

1800.00

Date of Receipt

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

Transaction ID: PR1456336824137

Amount of Each Receipt this Period

300.00

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

**C.**

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 Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR1456395524137

Amount of Each Receipt this Period

100.00

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

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

445.46

**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 / 60

(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. Bruce D Trost

Mailing Address 13749 Bay Hill Court

City  
Clive

State  
IA

Zip Code  
50325-8563

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FBL Financial Group

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

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

Transaction ID: PR1456453324137

Amount of Each Receipt this Period

416.67

P/R Deduction (\$416.67 Monthly)

**B.**

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 ▼

1278.00

Date of Receipt

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

Transaction ID: PR1456541524137

Amount of Each Receipt this Period

213.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Wittmuss

Mailing Address 7410 Lambert Place

City  
Lincoln

State  
NE

Zip Code  
68516-5813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FBL Financial Group

Occupation  
Property Claims 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 6 / 3 0 / 2 0 1 0

Transaction ID: PR1456694624137

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

729.67

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60

(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)

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 &amp; Sec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR1456707724137

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Quinn

Mailing Address 5749 Old US 23

City

Fenton

State

MI

Zip Code

48430-9372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

VP-Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456707824137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David B. Hostetter

Mailing Address 37154 Weymouth

City

Livonia

State

MI

Zip Code

48152-4096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

VP-Und &amp; Prod Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456707924137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

100.00

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 / 60

(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. Pamela A. Burgess

Mailing Address 2604 Eaton Cross

City

Royal Oak

State

MI

Zip Code

48073-3723

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

VP Strategic Process Des

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR1456708024137

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debra Szmagaj

Mailing Address 1267 Old Milford Farms

City

Milford

State

MI

Zip Code

48381-3373

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

VP Bus. Application Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456708124137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Don A. Smith

Mailing Address 54021 Trent River Drive

City

Shelby Township

State

MI

Zip Code

48315-1438

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

VP-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 6 / 3 0 / 2 0 1 0

Transaction ID: PR1456708224137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 60

(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 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 ▼

600.00

Date of Receipt

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

Transaction ID: PR1456708424137

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roy D Kinnan

Mailing Address 46139 Galway Drive

City

Novi

State

MI

Zip Code

48374-3972

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

SR VP-CFO & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456708924137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Derick Adams

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-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR1456719924137

Amount of Each Receipt this Period

30.00

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

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

105.00

**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 / 60

(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 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 ▼

600.00

Date of Receipt

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

Transaction ID: PR1456720624137

Amount of Each Receipt this Period

50.00

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

**B.**

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 & Undrwrtng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: PR1456721824137

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald Griffin

Mailing Address 1706 Belcourt Lane

City

Elgin

State

IL

Zip Code

60120-7541

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Vice President Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456723324137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

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

140.00

**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 / 60

(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. Donald J. Seibel

Mailing Address 1537 South 45th

City

West Des Moines

State

IA

Zip Code

50265-5765

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456728824137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Broadie

Mailing Address 480 Florian Drive

City

Des Plaines

State

IL

Zip Code

60016-5716

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Vice President Financial Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456730424137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann Marie Weber

Mailing Address 1432 South Fairview

City

Park Ridge

State

IL

Zip Code

60068-5210

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

VP Regional Manager State Government R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR1456730724137

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

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

140.00

**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 / 60

(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. Douglas W Gumm

Mailing Address 801 NE Lakeview Drive

City

Ankeny

State

IA

Zip Code

50021-4542

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1456737824137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brett L Clausen

Mailing Address 12955 E Mercer Lane

City

Scottsdale

State

AZ

Zip Code

85259-4416

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Business Unit Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: PR1456751424137

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael F. Gilhooly

Mailing Address 12135 Flambeau Drive

City

Palos Heights

State

IL

Zip Code

60463-1659

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Director State Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR1456768824137

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

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

310.00

**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 / 60

(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. Jeff Fuller

Mailing Address 4921 Keane Drive

City

Carmichael

State

CA

Zip Code

95608-6025

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

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 6 / 3 0 / 2 0 1 0

Transaction ID: PR1456783924137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd B. Ruthruff

Mailing Address 14615 Tudor Chase Drive

City

Tampa

State

FL

Zip Code

33626-3338

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

VP - Agency Ser Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1566733124137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

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 Undrwrtg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR1578285424137

Amount of Each Receipt this Period

30.00

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

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

105.00

**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  
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(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. 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 VP President Secretary & General Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR1632493224137

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Benjamin J. McKay

Mailing Address 1401 South Joyce Street

City

Arlington

State

VA

Zip Code

22202-1874

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 ▼

1250.04

Date of Receipt

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

Transaction ID: PR1695170224137

Amount of Each Receipt this Period

208.34

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

**C.**

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 ▼

1250.04

Date of Receipt

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

Transaction ID: PR1790384224137

Amount of Each Receipt this Period

208.34

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

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

516.68

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



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

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

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(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 Dale D Chula

Mailing Address 14780 Hawthorn Drive

City

Clive

State

IA

Zip Code

50325-7765

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1810342424137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

D. Kenton Brine

Mailing Address 1500 Water Street SW No 2

City

Olympia

State

WA

Zip Code

98501-2295

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Asst. VP State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR1829855024137

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms Kelly Campbell

Mailing Address 228 Sugarbin Ct.

City

Longmont

State

CO

Zip Code

80501-9715

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

VP State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR1932624224137

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

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

150.00

**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

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(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. 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 ▼

720.00

Date of Receipt

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

Transaction ID: PR2020349224137

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Debra Even

Mailing Address 26777 Halsted

City

Farmington Hills

State

MI

Zip Code

48331-3577

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

AVP, Credit & Collection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2059592224137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

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 ▼

550.00

Date of Receipt

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

Transaction ID: PR2151653924137

Amount of Each Receipt this Period

50.00

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

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 60

(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)

Ryan N Albers

Mailing Address 3416 Giles St.

City

West Des Moines

State

IA

Zip Code

50265-4025

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

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

Transaction ID: PR2194012424137

Amount of Each Receipt this Period

33.34

P/R Deduction (\$33.34 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Sharon C DeMers

Mailing Address 2768 NW 76th Ave

City

Ankeny

State

IA

Zip Code

50023-9420

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

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 6 / 3 0 / 2 0 1 0

Transaction ID: PR2194437824137

Amount of Each Receipt this Period

40.00

P/R Deduction (\$240.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jane E Keister

Mailing Address 604 W Walnut

City

Riley

State

KS

Zip Code

66531-9644

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

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

Transaction ID: PR2194736024137

Amount of Each Receipt this Period

33.34

P/R Deduction (\$33.34 Monthly)

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

106.68

**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  
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(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)

Leo M Orth, Jr

Mailing Address 14614 Wilden Drive

City

Urbandale

State

IA

Zip Code

50323-2070

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Vice President Research & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR2194743424137

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 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 ▼

2130.00

Date of Receipt

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

Transaction ID: PR2228336724137

Amount of Each Receipt this Period

355.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann Gray

Mailing Address 3309 Holly Street

City

Alexandria

State

VA

Zip Code

22305-1824

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Asst. to President & Director DC Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2228782924137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

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

465.00

**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  
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FOR LINE NUMBER: PAGE 37 / 60

(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)

Deirdre Manna

Mailing Address 1548 Maple Avenue

City

Northbrook

State

IL

Zip Code

60062-5475

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

VP Industry Regulatory & Political Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR2247336324137

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott A. Kappmeyer

Mailing Address 1054 186th Street

City

Homewood

State

IL

Zip Code

60430-3518

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

SR VP Finance & Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: PR2247688724137

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)

Richard J. Kypta

Mailing Address 1420 Tulip Tree Lane

City

West Des Moines

State

IA

Zip Code

50266-6665

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2256803724137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

250.00

**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  
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☒ 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 ▼

1800.00

Date of Receipt

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

Transaction ID: PR2357924924137

Amount of Each Receipt this Period

300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Shannon Lee Smith

Mailing Address 631 Ashton Lane

City

South Elgin

State

IL

Zip Code

60177-3713

FEC ID number of contributing federal political committee.

C

Name of Employer  
American National Property  
and Casualty

Occupation

EVP Chief Marketing 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 6 / 3 0 / 2 0 1 0

Transaction ID: PR2367233524137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Timothy B VanDonge

Mailing Address 1024 Oak Tree Drive

City

Lawrence

State

KS

Zip Code

66049-3871

FEC ID number of contributing federal political committee.

C

Name of Employer  
Farm Bureau Mutual Insurance Company

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2380080424137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

400.00

**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

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(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 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 ▼

1200.00

Date of Receipt

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

Transaction ID: PR2400795624137

Amount of Each Receipt this Period

200.00

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

**B.**

Full Name (Last, First, Middle Initial)

Robert Gordon

Mailing Address 1502 Woodacre Drive

City

McLean

State

VA

Zip Code

22101-2537

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

SR VP Policy Development & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2400795824137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Michael J McMahon

Mailing Address 380 Sentry Parkway

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing federal political committee.

C

Name of Employer  
PMA Insurance Group

Occupation

Vice President Risk Control Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: PR2412362424137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Semi-Monthly)

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

275.00

**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  
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FOR LINE NUMBER: PAGE 40 / 60

(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)

Christina Preisig

Mailing Address 380 Sentry Parkway

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing federal political committee.

C

Name of Employer  
PMA Insurance Group

Occupation

Sr Vice President Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: PR2412362624137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Richard W Ramell

Mailing Address 380 Sentry Parkway

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing federal political committee.

C

Name of Employer  
PMA Insurance Group

Occupation

Branch Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: PR2412362724137

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Santulli

Mailing Address 380 Sentry Parkway

City

Blue Bell

State

PA

Zip Code

19422-2357

FEC ID number of contributing federal political committee.

C

Name of Employer  
PMA Insurance Group

Occupation

Exec Vice President Risk Services and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: PR2412362824137

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Semi-Monthly)

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

70.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 60

(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)

Robert J Bowen

Mailing Address 102 W Hagerman

City

Carlsbad

State

NM

Zip Code

88220-5819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farm Bureau Mutual Insurance Company

Occupation

Insurance Executive

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2439829324137

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

50.00

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

31853.49

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

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

FOR LINE NUMBER: PAGE 42 / 60

(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)  
Liberty Mutual Insurance Company PAC

Mailing Address 175 Berkeley Street

City State Zip Code  
Boston MA 02117

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 6 / 0 1 / 2 0 1 0

Transaction ID: 31942124

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
NC Farm Bureau FARMPAC

Mailing Address P.O. Box 27766

City State Zip Code  
Raleigh NC 27611

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 6 / 2 4 / 2 0 1 0

Transaction ID: 31971803

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Assurant Inc. Political Action Committee

Mailing Address P. O. Box 3050  
501 W. Michigan Street

City State Zip Code  
Milwaukee WI 53201-3050

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 6 / 2 5 / 2 0 1 0

Transaction ID: 31971804

Amount of Each Receipt this Period

5000.00

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

15000.00

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

15000.00

# **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 43 / 60

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Dan Maffei

Mailing Address PO Box 74

City  
Syracuse

State  
NY

Zip Code  
13214

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Daniel Maffei

Office Sought:

☒ House

☐ Senate

☐ President

State: NY

District: 25

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

**Transaction ID:** 31824392

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City  
Marlton

State  
NJ

Zip Code  
08053

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. John Adler

Office Sought:

☒ House

☐ Senate

☐ President

State: NJ

District: 03

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

**Transaction ID:** 31824393

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin McCarthy For Congress

Mailing Address P O Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Kevin McCarthy

Office Sought:

☒ House

☐ Senate

☐ President

State: CA

District: 22

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

**Transaction ID:** 31824399

Date of Disbursement

06 / 02 / 2010

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 44 / 60

☐ 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)

Jeff Miller for Congress

Mailing Address PO Box 126

City  
Pensacola

State  
FL

Zip Code  
32591-0126

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Repr Jeff Miller

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: FL District: 01

Transaction ID: 31824550

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Boyd for Congress

Mailing Address PO Box 15703

City  
Tallahassee

State  
FL

Zip Code  
32317

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Repr Allen Boyd

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: FL District: 02

Transaction ID: 31824552

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Meeks for Congress

Mailing Address 21910 South Conduit Avenue

City  
Springfield Garden

State  
NY

Zip Code  
11413

Purpose of Disbursement

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: 31824553

Date of Disbursement

06 / 02 / 2010

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 45 / 60

<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)

Ben Nelson for U.S. Senate

Mailing Address 426 C Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sena Ben Nelson

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: NE District:

Transaction ID: 31824557

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Bachmann For Congress

Mailing Address Box 49756

City  
Blaine

State  
MN

Zip Code  
55449

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep Michele Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: MN District: 06

Transaction ID: 31824560

Date of Disbursement

06 / 02 / 2010

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: 31824563

Date of Disbursement

06 / 02 / 2010

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 46 / 60

☐ 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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Bill Posey Mailing Address P. O. Box 360877	<b>Transaction ID:</b> 31824579 <b>Date of Disbursement</b> <div> <div>06</div> <div>02</div> <div>2010</div> </div>
City Melbourne State FL Zip Code 32936 Purpose of Disbursement Candidate Name Rep. Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 15	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) DCCC (Democratic Congressional Campaign Committee) Mailing Address 430 S Capitol Street, S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 31824582 <b>Date of Disbursement</b> <div> <div>06</div> <div>02</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee Mailing Address P.O. Box 713 City Wheaton State IL Zip Code 60189 Purpose of Disbursement Candidate Name Mr. Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	<b>Transaction ID:</b> 31824583 <b>Date of Disbursement</b> <div> <div>06</div> <div>02</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pete Sessions for Congress	<b>Transaction ID:</b> 31824585 <b>Date of Disbursement</b>																				
Mailing Address PO Box 140970	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
City Dallas State TX Zip Code 75214-0970	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Repr Pete Sessions	<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: TX District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) House Conservatives Fund	<b>Transaction ID:</b> 31824609 <b>Date of Disbursement</b>																				
Mailing Address 324 2nd 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>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Bennie Thompson	<b>Transaction ID:</b> 31908028 <b>Date of Disbursement</b>																				
Mailing Address PO Box 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Bolton State MS Zip Code 39041-0100	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Repr Bennie Thompson	<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: MS District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

3000.00

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

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

PAGE 48 / 60

<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)  
Elijah Cummings for Congress

Mailing Address P O Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Candidate Name  
Repr Elijah CummingsOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 07

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

Transaction ID: 31908029

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mel Watt for Congress Committee

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236-6831

Purpose of Disbursement

Candidate Name  
Repr Melvin WattOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 12

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

Transaction ID: 31908030

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gutierrez for CongressMailing Address 2750 North Ashland Avenue  
C/O Raul Vega

City Chicago State IL Zip Code 60614

Purpose of Disbursement

Candidate Name  
Repr Luis GutierrezOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 04

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

Transaction ID: 31908031

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

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 49 / 60

<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)

Maloney for Congress

Mailing Address 49 East 92nd Street

City State Zip Code  
New York NY 10128

Purpose of Disbursement

Candidate Name  
Repr Carolyn MaloneyOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 14

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

Transaction ID: 31908032

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Dennis Cardoza

Mailing Address PO Box 2749

City State Zip Code  
Merced CA 95340

Purpose of Disbursement

Candidate Name  
Rep. Dennis CardozaOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 18

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

Transaction ID: 31927844

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Sherman for Congress

Mailing Address 555 South Flower Street Suite 4510

City State Zip Code  
Los Angeles CA 90071

Purpose of Disbursement

Candidate Name  
Repr Brad ShermanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 24

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

Transaction ID: 31927851

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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 50 / 60

☐ 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)

ERIC PAC

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 31927969

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Jane Norton For Colorado Inc

Mailing Address 8006 East Arapahoe Road Suite 150  
Room 925

City Centennial State CO Zip Code 80112

Purpose of Disbursement

Candidate Name  
Ms. Jane Norton

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CO District:

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

Transaction ID: 31928083

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Dennis Ross

Mailing Address PO Box 7310

City Lakeland State FL Zip Code 33807

Purpose of Disbursement

Candidate Name  
Mr. Dennis Ross

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 12

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

Transaction ID: 31928318

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

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

9500.00

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 / 60

<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)

Jackie Speier For Congress

Mailing Address Post Office Box 112

City State Zip Code  
Burlingame CA 94011

Purpose of Disbursement

Candidate Name  
Rep. Jackie Speier

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 12

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

**Transaction ID:** 31928321

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Marco Rubio For US Senate

Mailing Address 2030 South Douglas Road Suite 105

City State Zip Code  
Coral Gables FL 33134

Purpose of Disbursement

Candidate Name  
Mr. Marco Rubio

Office Sought: ☐ House  
☒ Senate  
☐ President

State: FL District:

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

**Transaction ID:** 31929295

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

NELPAC

Mailing Address P.O. Box 3325

City State Zip Code  
Omaha NE 68103

Purpose of Disbursement

Candidate Name  
NELPAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 31929296

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

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

10000.00

**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 52 / 60

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of John Thune	<b>Transaction ID:</b> 31929299 <b>Date of Disbursement</b>																				
Mailing Address 224 North Phillips Avenue Ste 210	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City State Zip Code Sioux Falls SD 57104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. John Thune	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) David Scott For Congress	<b>Transaction ID:</b> 31929319 <b>Date of Disbursement</b>																				
Mailing Address 162 Hurt Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City State Zip Code Atlanta GA 30307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. David Scott	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	<b>Transaction ID:</b> 31929323 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 61	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City State Zip Code St. Clairsville OH 43950	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Charles Wilson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)  
Debbie Wasserman Schultz for Congress

Mailing Address 1725 Main Street, Suite 215

City State Zip Code  
Weston FL 33326

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Ms. Debbie Wasserman Schultz

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

State: FL District: 20

Transaction ID: 31929325

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Cmte to Re-Elect Nydia M. Velazquez to Congress

Mailing Address 315 Inspiration Lane

City State Zip Code  
Gaithersburg MD 20878

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Repr Nydia Velazquez

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

State: NY District: 12

Transaction ID: 31929327

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P O Box 306

City State Zip Code  
Boise ID 83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Walt Minnick

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

State: ID District: 01

Transaction ID: 31929328

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

**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 54 / 60

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	<b>Transaction ID:</b> 31929330 <b>Date of Disbursement</b>																				
Mailing Address 2725 Devine Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City Columbia State SC Zip Code 29205	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Repr James Clyburn	<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: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Meeks for Congress	<b>Transaction ID:</b> 31929332 <b>Date of Disbursement</b>																				
Mailing Address 21910 South Conduit Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City Springfield Garden State NY Zip Code 11413	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Repr Gregory Meeks	<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: NY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 31929334 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Christopher Murphy	<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: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)

Cantor for Congress

Mailing Address 4914 Fitzhugh Ave Ste 202

City Richmond State VA Zip Code 23230

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Repr Eric Cantor

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: VA District: 07

Transaction ID: 31929335

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Bachus for Congress

Mailing Address P O Box 59444

City Birmingham State AL Zip Code 35259-9444

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Representa Spencer Bachus, III

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: AL District: 06

Transaction ID: 31929336

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Growth and Prosperity PAC

Mailing Address 217 Third 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: 31929337

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

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 56 / 60

☐ 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

Mailing Address 315 C Street SE  
Lower Level

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Robert Menendez

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: NJ District:

Transaction ID: 31944204

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

The Liberty Project

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
The Liberty Project

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 31944205

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bill Foster for Congress

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Bill Foster

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: IL District: 14

Transaction ID: 31945119

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 81 S Fifth Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Candidate Name

Mr. Steve Stivers

Office Sought:

☒

House

☐

Senate

☐

President

State: OH

District: 15

Disbursement For:

2010

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: 31945120

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2010

Amount of Each Disbursement this Period

3000.00

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

3000.00

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

71500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

O'Connor for Chief Justice

Mailing Address 100 E. Broad Street Suite 2330

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Maureen O'Connor, SUPREME COURT JUSTICE OH

Candidate Name  
Maureen O'Connor

011  
Category/  
Type

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

State: District:

Transaction ID: 31855293

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

Maureen O'Connor, SUPREME COURT JUSTICE OH

Full Name (Last, First, Middle Initial)

Re-Elect Justice Lanzinger

Mailing Address 10 West Broad Street Suite 2330

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Judith Lanzinger, SUPREME COURT JUSTICE OH

Candidate Name  
Judith Ann Lanzinger

011  
Category/  
Type

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

State: District:

Transaction ID: 31855779

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

Judith Lanzinger, SUPREME COURT JUSTICE OH

Full Name (Last, First, Middle Initial)

Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement  
William Batchelder, STATE HOUSE 69th OH

Candidate Name  
OH Rep. William Batchelder

011  
Category/  
Type

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

State: OH District: 69

Transaction ID: 31855977

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

William Batchelder, STATE HOUSE 69th OH

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 59 / 60

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) House Republican Campaign Committee	<b>Transaction ID:</b> 31928323 <b>Date of Disbursement</b>																				
Mailing Address 161 St Anthony Ave. Suite 950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City State Zip Code St. Paul MN 55103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
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Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Senate Victory Fund	<b>Transaction ID:</b> 31928328 <b>Date of Disbursement</b>																				
Mailing Address 161 St Anthony Ave. Suite 902	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City State Zip Code St Paul MN 55103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
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Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DFL House Caucus	<b>Transaction ID:</b> 31928332 <b>Date of Disbursement</b>																				
Mailing Address 255 East Plato St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City State Zip Code St Paul MN 55107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) .....

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 60 / 60

<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)

Senate DFL Caucus

Mailing Address P. O. Box 65337

City  
St Paul

State  
MN

Zip Code  
55165

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 31928334

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Tom Corbett for Governor

Mailing Address P. O. Box 1145

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
Tom Corbett, GOVERNOR PA

Candidate Name

Tom Corbett

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 31943166

Date of Disbursement

06 / 25 / 2010

Amount of Each Disbursement this Period

500.00

Tom Corbett, GOVERNOR PA

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

1000.00

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

6500.00