AMERICAN INSURANCE ASSOCIATION
POLITICAL ACTION COMMITTEE
1130 Connecticut Avenue, N.W. • Suite 1000 • Washington, D.C. 20036 • (202) 828-7100

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM
Jan 9 11 34 AM '97

January 3, 1997

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
P 872 417 252

Federal Election Commission
999 E Street, NW
Washington, DC 20463

RE: AMERICAN INSURANCE ASSOCIATION POLITICAL ACTION COMMITTEE
ID # C00103143

To Whom It May Concern:

Enclosed is our FEC Form 3X monthly filing for the period covering November 26, 1996, through December 31, 1996.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Elizabeth W. Vodra
AIA-PAC Manager

cc: Montana Commission of Political Practices
Oklahoma Ethics Commission

Political contributions are not tax deductible for federal income tax purposes.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

JAN 9 11 23 AM '97

1. NAME OF COMMITTEE (in full) American Insurance Association Federal Political Action Committee	
ADDRESS (number and street) ☐ Check if different than previously reported 1130 Connecticut Avenue NW Suite 1000	2. FEC IDENTIFICATION NUMBER C00103143
CITY, STATE and ZIP CODE Washington, DC 20036	3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- [X] January 31 Year End Report
- ☐ July 31 Mid Year Report (Non-election Year Only)
- ☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	[X] January 31

☐ Twelfth day report preceeding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment ? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/26/96 through 12/31/96		
6. (a) Cash on Hand January 1, 1996		$ 2,368.51
(b) Cash on Hand at Beginning of Reporting Period	$ 1,534.68	
(c) Total Receipts (from line 19)	$ 1,418.73	$ 68,761.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2,952.81	$ 71,129.72
7. Total Disbursements (from Line 30)	$ 2,045.00	$ 70,221.91
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 907.81	$ 907.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Leigh Ann Pusey

Signature of Treasurer: Leigh Ann Pusey

Date: 1/6/97

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

FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE: American Insurance Association Federal Political Action Committee

REPORT COVERING PERIOD FROM: 11/26/96 TO: 12/31/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	785.00	24,806.10
ii. Unitemized	128.00	8,015.89
iii. Total ....(add i and ii)>	913.00	32,821.99
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	500.00	35,750.00
d. Total Contributions ....(add a iii,b and c)>	1,413.00	68,571.99
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.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.73	189.22
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts ....(add 11d,12,13,14,15,16,17,and 18)>	1,418.73	68,761.21
20. Total Federal Receipts ....(subtract line 18 from line 19)>	1,418.73	68,761.21
II. Disbursements		
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	23.71
c. Total Operating Expenditures ....(Add ai,aii, and b)>	0.00	23.71
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,045.00	70,198.20
24. Independent Expenditures (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 a,b, and c)>	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements ....(Add 21c,22,23,24,25,26,27,28d, and 29)>	2,045.00	70,221.91
31. Total Federal Disbursements ....(Subtract line 21 aii from line 30)>	2,045.00	70,221.91
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	1,413.00	68,571.99
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	1,413.00	68,571.99
35. Total Federal Operating Expenditures ....(add 21 ai and 21 b)>	0.00	23.71
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures ....(subtract line 36 from 35)>	0.00	23.71

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 c

SCHEDULE A ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in full)
American Insurance Association Federal Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Royal-PAC 9300 Arrowpoint Blvd. Charlotte, ND 28201-1000		12/16/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	500.00
TOTAL this Period (Last page this line number only) >	500.00

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

PAGE 1 OF 2

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Craig Berrington 5920 Granby Road Derwood, MD 20855 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: Senior Vice President & General Counsel Aggregate Year-to-date > $ 1,480.00	Payroll Deduction	120.00 ($60.00 Biweekly)
B. Full Name, Mailing Address and Zip Code David L. Corum 1609 Arbor View Road Silver Spring, MD 20902 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: Assistant Vice President Aggregate Year-to-date > $ 530.00	Payroll Deduction	50.00 ($25.00 Biweekly)
C. Full Name, Mailing Address and Zip Code David Snyder 410 Lincoln Avenue Falls Church, VA 22046 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: Assistant General Counsel Aggregate Year-to-date > $ 520.00	Payroll Deduction	40.00 ($20.00 Biweekly)
D. Full Name, Mailing Address and Zip Code Allen J. Stein 5513 Roosevelt Street Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: Assistant General Counsel Aggregate Year-to-date > $ 390.00	Payroll Deduction	30.00 ($15.00 Biweekly)
E. Full Name, Mailing Address and Zip Code David L. Unnewehr 12421 Madeley Lane Bowie, MD 20715 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: Senior Research Manager Aggregate Year-to-date > $ 251.00	Payroll Deduction	20.00 ($10.00 Biweekly)
F. Full Name, Mailing Address and Zip Code Robert E. Vagley 1035 Bellview Place McLean, VA 22102 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: President Aggregate Year-to-date > $ 2,600.00	Payroll Deduction	200.00 ($100.00 Biweekly)
G. Full Name, Mailing Address and Zip Code Melissa A. Wolford 301 South Reynolds Street #614 Alexandria, VA 22304 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Insurance Association Occupation: Assistant Vice President-Federal Affairs Aggregate Year-to-date > $ 650.00	Payroll Deduction	50.00 ($25.00 Biweekly)

SUB TOTAL of Receipts This Page (Optional) > 510.00

TOTAL this Period (Last page this line number only) >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 11 a I

SCHEDULE A ITEMIZED RECEIPTS

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 or any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Linda S. Aitken 4 Hoskinson Court Poolesville, MD 20837 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Insurance Association Director - Human Resources & Services Aggregate Year-to-date > $ 325.00	Payroll Deduction	25.00 ($12.50 Biweekly)
B. Carlos A. Munoz 9603 Hillridge Drive Kensington, MD 20895 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Insurance Association VP-Finance & Admin and Corporate Sec. Aggregate Year-to-date > $ 1,300.00	Payroll Deduction	100.00 ($50.00 Biweekly)
C. Richard C. Lawson 9721 Lookout Place Gaithersburg, MD 20879 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Insurance Association Vice President, Federal Affairs Aggregate Year-to-date > $ 650.00	Payroll Deduction	50.00 ($25.00 Biweekly)
D. Richard P. Boehning 750 Columbus Avenue Apt. 12L New York, NY 10025 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Insurance Services Group, Inc. Executive Vice President Aggregate Year-to-date > $ 650.00	Payroll Deduction	50.00 ($25.00 Biweekly)
E. Karen DiSanto 218 Newport Avenue Tappan, NY 10983 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Insurance Services Group, Inc. Manager-Human Resources Aggregate Year-to-date > $ 260.00	Payroll Deduction	20.00 ($10.00 Biweekly)
F. Vincent Marolda 21 Goodall Street Staten Island, NY 10308 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Insurance Services Group, Inc. Treasurer Aggregate Year-to-date > $ 390.00	Payroll Deduction	30.00 ($15.00 Biweekly)
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $	Date (Month day, Year)	Amount of Each Receipt this Period

SUB TOTAL of Receipts This Page (Optional) ..... >	275.00
TOTAL this Period (Last page this line number only) ..... >	785.00

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE I OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code American Insurance Association 1130 Connecticut Ave., NW Suite 1000 Washington, DC 20036	Purpose of Disbursement Don Nickles-US Senate-OK - In Kind Contribution Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	Date (Month day,Year) 12/02/96	Amount of Each Disb. this Period 45.00 (In-Kind)
B. Full Name, Mailing Address and Zip Code Friends of Senator Don Nickles PO Box 1549 Ponca City, OK 74602	Purpose of Disbursement Don Nickles-US Senate-OK - In Kind Contribution Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	Date (Month day,Year) 12/02/96	Amount of Each Disb. this Period 45.00 (Memo In-Kind)
C. Full Name, Mailing Address and Zip Code Rick Hill for Congress Committee 2105 Crystal Drive Box 1256 Helena, MT 59601	Purpose of Disbursement Rick Hill, U.S. HOUSE AL MT Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 12/17/96	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Friends of Senator Don Nickles PO Box 1549 Ponca City, OK 74602	Purpose of Disbursement Don Nickles, U.S. SENATE OK Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	Date (Month day,Year) 12/03/96	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	2,045.00
TOTAL this Period (Last page this line number only) ---------->	2,045.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-6-97
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

gb — PREPARER

1-9-97 — DATE PREPARED

FEC FORM 70-2 (12/92)