

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesProperty Casualty Insurers Association of America Political Action Committee (P-  
CIPAC)

ADDRESS (number and street)

2600 South River Road

☐Check if different  
than previously  
reported. (ACC)

Des Plaines

IL

60018

3286

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00066472

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2009

through

09

30

2009

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

10

20

2009

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**

10/20/09 monthly amended due to over statement of receipts by \$54.00.

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 55

Write or Type Committee Name

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

Report Covering the Period:

From:

M M  
0 9D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		44688.07
(b) Cash on Hand at Beginning of Reporting Period .....	192147.70	
(c) Total Receipts (from Line 19) .....	30210.74	400360.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	222358.44	445048.44
7. Total Disbursements (from Line 31) .....	86400.00	309090.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	135958.44	135958.44
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	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	0	9

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) .....	17936.97	240668.79
(ii) Unitemized .....	2246.94	71075.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	20183.91	311744.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	83500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	30183.91	395244.60
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	26.83	115.77
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)) .....	30210.74	400360.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30210.74	400360.37

## 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.....	80000.00	295250.00	
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.....	6400.00	13840.00	
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))..	86400.00	309090.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86400.00	309090.00	

**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) .....	30183.91	395244.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30183.91	395244.60
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 / 55

(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. 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 GroupOccupation  
President

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 9 / 0 2 / 2 0 0 9

Transaction ID: 30502390

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Rose D. Guilbault

Mailing Address 2848 Canyon Road

City

Burlingame

State

CA

Zip Code

94010-6015

FEC ID number of contributing federal political committee.

C

Name of Employer  
California State Automobi-  
le Assn. InteOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30504717

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Ramirez

Mailing Address 2061 Norwich Ct.

City

Glenview

State

IL

Zip Code

60026-1317

FEC ID number of contributing federal political committee.

C

Name of Employer  
United Automobile Insuran-  
ce CompanyOccupation  
President and CEO

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 9 / 0 8 / 2 0 0 9

Transaction ID: 30522766

Amount of Each Receipt this Period

1500.00

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

3240.00

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 / 55

(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)

Mrs Ann Marie Flynn

Mailing Address 274 Burning Tree Road

City

Delran

State

NJ

Zip Code

08075-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJM Insurance Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 30522767

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Baurer

Mailing Address 2844 St. Andrews

City

El Paso

State

IL

Zip Code

61738-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTRY Insurance and Financial Service

Occupation  
C.O.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 30522768

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Naylor

Mailing Address 6907 Goose River Avenue

City

Las Vegas

State

NV

Zip Code

89131-0121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California State Automobile Assn. Int'l

Occupation  
Claims 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 9 / 1 1 / 2 0 0 9

Transaction ID: 30523001

Amount of Each Receipt this Period

300.00

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

3050.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55

(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 Minaya

Mailing Address 3263 Formby Lane

City

Fairfield

State

CA

Zip Code

94534-7803

FEC ID number of contributing federal political committee.

C

Name of Employer  
California State Automobile Assn. Int'l

Occupation

Insurance Executive

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 9 / 1 1 / 2 0 0 9

Transaction ID: 30523002

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Parrillo, Jr.

Mailing Address 150 W. Eugenie Apt.30

City

Chicago

State

IL

Zip Code

60614-5839

FEC ID number of contributing federal political committee.

C

Name of Employer  
United Automobile Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 30523040

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark C. Simmonds

Mailing Address 392 Daleweed Drive

City

Orinda

State

CA

Zip Code

94563-1216

FEC ID number of contributing federal political committee.

C

Name of Employer  
California State Automobile Assn. Int'l

Occupation

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 Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 30602012

Amount of Each Receipt this Period

600.00

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

3350.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 55

(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. John D. Blackburn

Mailing Address 20 Pinehurst Road

City

Lincoln

State

IL

Zip Code

62656-9100

FEC ID number of contributing federal political committee.

C

Name of Employer  
COUNTRY Financial

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30602031

Amount of Each Receipt this Period

1400.00

**B.**

Full Name (Last, First, Middle Initial)

Rex P Honodel

Mailing Address 6606 West Broad Street

City

Richmond

State

VA

Zip Code

23230-1717

FEC ID number of contributing federal political committee.

C

Name of Employer  
Southern States Insurance  
Exchange

Occupation

President

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 9 / 2 2 / 2 0 0 9

Transaction ID: 30614105

Amount of Each Receipt this Period

250.00

**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 ▼

2400.00

Date of Receipt

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

Transaction ID: 30635160

Amount of Each Receipt this Period

450.00

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

2100.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 55

(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. Gregory V. Ostergren

Mailing Address Corporate Centre  
1949 East Sunshine

City State Zip Code  
Springfield MO 65899-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American National Property  
and Casualty

Occupation  
Chairman, President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: PR1456193322709

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Mo-  
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. James P Brannen

Mailing Address 3329 Waterberry Circle

City State Zip Code  
Waukee IA 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 ▼

375.03

Date of Receipt

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

Transaction ID: PR1456262922709

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Mon-  
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Charles T. Happel

Mailing Address 1025 N.W. 68th Avenue

City State Zip Code  
Des Moines IA 50313-5455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation  
Sr Field Claim Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR1456325722709

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Mon-  
thly)

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

381.67

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 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Ms. June T. Holmes

Mailing Address 409 S. Vine

City

Park Ridge

State

IL

Zip Code

60068-4145

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Treasurer & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: PR1456336822709

Amount of Each Receipt this Period

300.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joanne M. Orfanos

Mailing Address 2104 Butternut Lane

City

Northbrook

State

IL

Zip Code

60062-6608

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Sr VP Membership & Marketing Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: PR1456395522709

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce D Trost

Mailing Address 13749 Bay Hill Court

City

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 ▼

2700.00

Date of Receipt

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

Transaction ID: PR1456453322709

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

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

700.00

**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)

Mr. Stuart A. Yakes

Mailing Address 1185 Colony Lane

City

Roselle

State

IL

Zip Code

60172-1717

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

VP ISS Business 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 9 / 3 0 / 2 0 0 9

Transaction ID: PR1456474922709

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-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 ▼

2117.00

Date of Receipt

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

Transaction ID: PR1456541522709

Amount of Each Receipt this Period

213.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jon D. Srna

Mailing Address 512 J.C. Rogers

City

Wamego

State

KS

Zip Code

66547

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Business Operations Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.53

Date of Receipt

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

Transaction ID: PR1456671222709

Amount of Each Receipt this Period

29.17

P/R Deduction (\$29.17 Monthly)

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

282.17

**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. 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 ▼

750.06

Date of Receipt

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

Transaction ID: PR1456694622709

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

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

Vice President & 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 9 / 3 0 / 2 0 0 9

Transaction ID: PR1456707722709

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 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

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

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

Transaction ID: PR1456707922709

Amount of Each Receipt this Period

50.00

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

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

233.34

**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 15 / 55

(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

Vice President Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: PR1456708022709

Amount of Each Receipt this Period

40.00

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

Vice President - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: PR1456708122709

Amount of Each Receipt this Period

50.00

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

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

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

Transaction ID: PR1456708222709

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

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

160.00

**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 16 / 55

(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 Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

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

Transaction ID: PR1456708422709

Amount of Each Receipt this Period

100.00

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

Senior Vice President & 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 9 / 3 0 / 2 0 0 9

Transaction ID: PR1456708922709

Amount of Each Receipt this Period

50.00

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

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR1456719922709

Amount of Each Receipt this Period

60.00

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

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

210.00

**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 17 / 55

(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 Frank L. Petersmark, III

Mailing Address 30611 Munger

City

Livonia

State

MI

Zip Code

48154-6234

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

Vice President - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: PR1456720122709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

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

Vice President Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.77

Date of Receipt

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

Transaction ID: PR1456720622709

Amount of Each Receipt this Period

80.00

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

**C.**

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

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

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

Transaction ID: PR1456721822709

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

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

180.00

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

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

Use separate schedule(s)  
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☒ 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 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 ▼

450.00

Date of Receipt

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

Transaction ID: PR1456723322709

Amount of Each Receipt this Period

50.00

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

**B.**

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

Vice President Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.50

Date of Receipt

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

Transaction ID: PR1456728822709

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

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 ▼

450.00

Date of Receipt

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

Transaction ID: PR1456730422709

Amount of Each Receipt this Period

50.00

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

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

155.00

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

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

Use separate schedule(s)  
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☒ 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 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

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 9 / 3 0 / 2 0 0 9

Transaction ID: PR1456730722709

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matthew J. Simon

Mailing Address 412 Rosario Lane

City

White Lake

State

MI

Zip Code

48386-4404

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: PR1456735922709

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rod J. Babbitt

Mailing Address 340 NE Cedar Avenue

City

Earlham

State

UT

Zip Code

50072-1081

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 ▼

225.00

Date of Receipt

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

Transaction ID: PR1456737522709

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

85.00

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

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

Use separate schedule(s)  
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☒ 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. 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 ▼

750.06

Date of Receipt

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

Transaction ID: PR1456751422709

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**B.**

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 ▼

540.00

Date of Receipt

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

Transaction ID: PR1456768822709

Amount of Each Receipt this Period

60.00

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

**C.**

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

Vice President and General Counsel ACI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: PR1456783922709

Amount of Each Receipt this Period

50.00

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

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

193.34

**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 21 / 55

(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 H. Wagner

Mailing Address 1259 Dorchester

City

Birmingham

State

MI

Zip Code

48009-5995

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

Vice President & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: PR152580222709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randy M. Lester

Mailing Address 501 Hickory Lake Drive

City

Brandon

State

FL

Zip Code

33511-6337

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

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 Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1556188122709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

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

Vice President & Regional Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

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

Transaction ID: PR1566733122709

Amount of Each Receipt this Period

50.00

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

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

110.00

**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 22 / 55

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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)

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

AVP Special Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

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

Transaction ID: PR1578285422709

Amount of Each Receipt this Period

60.00

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

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lori Lee Tobis

Mailing Address 450 South Vernon

City

Dearborn

State

MI

Zip Code

48124-1393

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

AVP Legal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR1578285722709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David P. Galbraith

Mailing Address 580 Michigan Avenue

City

Marysville

State

MI

Zip Code

48040-1157

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

Vice President Loss Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: PR1578285822709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

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

120.00

**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 / 55

(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)

Noel K McKibbin

Mailing Address 34076 Millcreek Court

City

Adel

State

IA

Zip Code

50003-8364

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Vice President Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: PR1613251022709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Reynold E. Becker

Mailing Address 1047 Falmore Drive

City

Palatine

State

IL

Zip Code

60067-7021

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Global Issues and Research

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 9 / 3 0 / 2 0 0 9

Transaction ID: PR1632197522709

Amount of Each Receipt this Period

40.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann W. Spragens

Mailing Address 5510 Chase Avenue

City

Downers Grove

State

IL

Zip Code

60515-4268

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Sr Vice President, Secretary & General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: PR1632493222709

Amount of Each Receipt this Period

100.00

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

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 55

(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. Yvonne Macks Hobson

Mailing Address 8933 Minne Wana Road

City

Clarkston

State

MI

Zip Code

48348-3318

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amerisure Companies

Occupation

UW Consultant

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 9 / 3 0 / 2 0 0 9

Transaction ID: PR1633306022709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**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 ▼

1875.06

Date of Receipt

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

Transaction ID: PR1695170222709

Amount of Each Receipt this Period

208.34

P/R Deduction (\$104.17 Se-mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jean Demas

Mailing Address 2839 St. Anton Court

City

Lisle

State

IL

Zip Code

60532-3429

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Assistant Vice President Publishing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: PR1716716522709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Sem-i-Monthly)

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

268.34

**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 / 55

(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 David T. Sebastian

Mailing Address 17127 Jonquil Avenue

City

Lakeville

State

MN

Zip Code

55044-9175

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Vice President- Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: PR1752164522709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr Thomas R. Litjen

Mailing Address 3917 Barcroft Mews Court

City

Falls Church

State

VA

Zip Code

22041-1235

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

VP Federal Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

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

Transaction ID: PR1790384222709

Amount of Each Receipt this Period

208.34

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

**C.**

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 ▼

210.00

Date of Receipt

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

Transaction ID: PR1810342422709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

268.34

**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 / 55

(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 Joe Woods

Mailing Address 2100 Plumbrook

City

Austin

State

TX

Zip Code

78746-6232

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 ▼

270.00

Date of Receipt

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

Transaction ID: PR1812180422709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-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 ▼

210.00

Date of Receipt

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

Transaction ID: PR1829855022709

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 ▼

360.00

Date of Receipt

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

Transaction ID: PR1932624222709

Amount of Each Receipt this Period

40.00

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

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

130.00

**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 / 55

(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)

Daniel H. Johnson

Mailing Address 10715 David Taylor Dr.  
Suite 500

City State Zip Code  
Charlotte NC 28262-1283

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amerisure Companies

Occupation  
Core Service Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR1936820222709

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Rebecca Chapa

Mailing Address 26777 Halsted Road

City State Zip Code  
Farmington Hills MI 48331-3577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amerisure Companies

Occupation  
Territorial Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR2020348622709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kurt D Gallinger

Mailing Address 26777 Halsted Road

City State Zip Code  
Farmington Hills MI 48331-3577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amerisure Companies

Occupation  
Government Relation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

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

Transaction ID: PR2020349222709

Amount of Each Receipt this Period

120.00

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

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

174.00

**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 / 55

(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)

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

Credit Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: PR205959222709

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Harry J. Dell

Mailing Address 2316 Hulett Avenue

City

Faribault

State

MN

Zip Code

55021-2273

FEC ID number of contributing federal political committee.

C

Name of Employer  
Austin Mutual Insurance Company

Occupation

1st Vice President &amp; Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.33

Date of Receipt

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

Transaction ID: PR2127495022709

Amount of Each Receipt this Period

63.16

P/R Deduction (\$31.58 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Kangas

Mailing Address 1704 W. Abingdon

City

Alexandria

State

DC

Zip Code

22314-1024

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Asst VP, Federal Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: PR2127524022709

Amount of Each Receipt this Period

50.00

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

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

163.16

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 / 55

(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

Commercial Agriculture Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.53

Date of Receipt

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

Transaction ID: PR2194012422709

Amount of Each Receipt this Period

29.17

P/R Deduction (\$29.17 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Susan R Halterman

Mailing Address 5698 Chatham Street

City

Johnston

State

IA

Zip Code

50131-8779

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Director, Data Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.53

Date of Receipt

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

Transaction ID: PR2194734622709

Amount of Each Receipt this Period

29.17

P/R Deduction (\$29.17 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Joel B Jacobsen

Mailing Address 3279 N Avenue

City

Adel

State

IA

Zip Code

50003-8142

FEC ID number of contributing federal political committee.

C

Name of Employer  
FBL Financial Group

Occupation

Vice President Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: PR2194735122709

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

83.34

**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 / 55

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

225.00

Date of Receipt

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

Transaction ID: PR2194736022709

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**B.**

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 ▼

450.00

Date of Receipt

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

Transaction ID: PR2194743422709

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

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 ▼

2535.03

Date of Receipt

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

Transaction ID: PR2228336722709

Amount of Each Receipt this Period

355.00

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

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

430.00

**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 / 55

(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 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 ▼

450.00

Date of Receipt

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

Transaction ID: PR2228782922709

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Patrick I. Leeper

Mailing Address 1134 W. Ward Parkway

City

Springfield

State

MO

Zip Code

65810-2581

FEC ID number of contributing federal political committee.

C

Name of Employer  
American National Property and Casualty

Occupation

AVP-Lic & Field Perf Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: PR2237485022709

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Kristee Ann Buff

Mailing Address 4522 State Hwy J

City

Rogersville

State

MO

Zip Code

65742-7211

FEC ID number of contributing federal political committee.

C

Name of Employer  
American National Property and Casualty

Occupation

Director - Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: PR2243345022709

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**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 32 / 55

(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)

Janet A. Clark

Mailing Address 1432. Rockingham Ave

City

Nixa

State

MO

Zip Code

65714-7649

FEC ID number of contributing federal political committee.

C

Name of Employer  
American National Property  
and Casualty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President - Underwriting

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: PR224515222709

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

**B.**

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP Industry, Regulatory and Political

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: PR224733632709

Amount of Each Receipt this Period

100.00

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

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott A. 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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President Finance and Administration

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: PR224768872709

Amount of Each Receipt this Period

50.00

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

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

175.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 55

(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)

Greg LaCost

Mailing Address 1212 Sunset

City

Mt Prospect

State

IL

Zip Code

60056-4024

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 ▼

450.00

Date of Receipt

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

Transaction ID: PR2257245122709

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

James McClintock

Mailing Address 59 Salmon Brool Drive

City

Glastonbury

State

CT

Zip Code

06033-2141

FEC ID number of contributing federal political committee.

C

Name of Employer  
Middlesex Mutual Assurance Company, In

Occupation

Underwriting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: PR2266599722709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Suzanne E Wilson

Mailing Address 15 Alden Circle

City

Reading

State

MA

Zip Code

01867-3750

FEC ID number of contributing federal political committee.

C

Name of Employer  
Middlesex Mutual Assurance Company, In

Occupation

SVP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: PR2266600022709

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

110.00

**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 34 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Marguerite Tortorello

Mailing Address 4711 North Kenmore

City

Chicago

State

IL

Zip Code

60640-5980

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers  
Association

Occupation

Sr Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: PR2357924922709

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 ▼

450.00

Date of Receipt

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

Transaction ID: PR2367233522709

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dick Randall

Mailing Address 1617 Northridge Court

City

Menasha

State

WI

Zip Code

54952-1049

FEC ID number of contributing federal political committee.

C

Name of Employer  
Jewelers Mutual Insurance  
Company

Occupation

Dir Research &amp; Competitive Intelligenc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR2371364022709

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Semi-Monthly)

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

374.00

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 / 55

(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)

Kevin P Kelly

Mailing Address 3080 Eagandale Place

City

Eagan

State

MN

Zip Code

55121-2118

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 ▼

900.00

Date of Receipt

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

Transaction ID: PR2379663322709

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

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  
FBL Financial Group

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.40

Date of Receipt

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

Transaction ID: PR2380080422709

Amount of Each Receipt this Period

54.55

P/R Deduction (\$54.55 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Paul Blume, JR

Mailing Address 430 W. sheridan Place

City

Lake Bluff

State

IL

Zip Code

60044-2327

FEC ID number of contributing federal political committee.

C

Name of Employer  
Property Casualty Insurers Association

Occupation

Sr VP State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: PR2400795622709

Amount of Each Receipt this Period

200.00

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

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

354.55

**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 36 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Robert 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 and Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: PR2400795822709

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)

Richard A Murdock

Mailing Address 2430 Tuscan Hills Lane

City

Las Cruces

State

NM

Zip Code

88011-4259

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 ▼

1142.88

Date of Receipt

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

Transaction ID: PR2403871922709

Amount of Each Receipt this Period

285.72

P/R Deduction (\$285.72 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

John C Foster

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 ▼

250.00

Date of Receipt

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

Transaction ID: PR2412362222709

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

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

585.72

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

17936.97

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

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

FOR LINE NUMBER: PAGE 37 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

EriePac-Federal

Mailing Address P.O. Box 1699

City

Erie

State

PA

Zip Code

16530

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 30618495

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

QBE Regional Co. Inc. Employee PAC

Mailing Address One General Dr.

City

Sun Prairie

State

WI

Zip Code

53596

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 30635162

Amount of Each Receipt this Period

5000.00

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

10000.00

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

10000.00

# **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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☐ 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) Donnelly for Congress	<b>Transaction ID:</b> 30474799 <b>Date of Disbursement</b>
Mailing Address 499 South Capitol Street, SW Suite 404	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Joe Donnelly	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	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) Friends of John Tanner	<b>Transaction ID:</b> 30474801 <b>Date of Disbursement</b>
Mailing Address Post Office Box 1994	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Union City State TN Zip Code 38281	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Repr John Tanner	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	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) The Freedom Project	<b>Transaction ID:</b> 30474804 <b>Date of Disbursement</b>
Mailing Address 424 C Street, NE Basement Unit	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name The Freedom Project	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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) Pomeroy for Congress Mailing Address P.O. Box 746	<b>Transaction ID:</b> 30474805 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2009</div> </div>
City Bismark State ND Zip Code 58502 Purpose of Disbursement Candidate Name Representa Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>011</div> Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 422 C Street, NE Lower Level City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Searchlight Leadership Fund 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> 30474806 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <div>011</div> Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr For Congress Mailing Address 331 Beverly Drive City Lafayette State LA Zip Code 70503 Purpose of Disbursement Candidate Name Charles Boustany Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	<b>Transaction ID:</b> 30474807 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2009</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) .....

**5500.00**

**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  
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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)

<b>A.</b> Full Name (Last, First, Middle Initial) David Vitter For US Senate	<b>Transaction ID:</b> 30474812 <b>Date of Disbursement</b>
Mailing Address PO Box 8175	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Metairie State LA Zip Code 70011	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. David Vitter	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	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) Driehaus For Congress	<b>Transaction ID:</b> 30474819 <b>Date of Disbursement</b>
Mailing Address 650 Fox Trails Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Cincinnati State OH Zip Code 45233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Steve Driehaus	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	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) Cantor for Congress	<b>Transaction ID:</b> 30474822 <b>Date of Disbursement</b>
Mailing Address 4914 Fitzhugh Ave Ste 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Richmond State VA Zip Code 23230	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Repr Eric Cantor	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	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)

PAGE 41 / 55

<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) **Transaction ID:** 30474823

DCCC (Democratic Congressional Campaign Committee)

Date of Disbursement

Mailing Address 430 S Capitol Street, S.E.

09 / 03 / 2009

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

011

5000.00

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**B.** Full Name (Last, First, Middle Initial) **Transaction ID:** 30474828

Democratic Senatorial Campaign Committee

Date of Disbursement

Mailing Address 120 Maryland Ave, NE

09 / 03 / 2009

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

011

5000.00

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**C.** Full Name (Last, First, Middle Initial) **Transaction ID:** 30474830

National Republican Congressional Committee

Date of Disbursement

Mailing Address 320 First Street, SE

09 / 03 / 2009

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

011

5000.00

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

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

15000.00

**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 42 / 55

☐ 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)  
National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 30474831

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** 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

Candidate Name  
Mr. Kevin McCarthy

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 22

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

Transaction ID: 30474832

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 75 SOUTH WEST TEMPLE SUITE 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name  
Sen. Robert Bennett

Office Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

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

Transaction ID: 30474948

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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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)  
Friends of Blanche Lambert Lincoln

Mailing Address PO Box 3197

City Little Rock State AR Zip Code 72203-3197

Purpose of Disbursement

Candidate Name  
Sena Blanche LincolnOffice Sought: ☐ House  
☒ Senate  
☐ President

State: AR District:

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

Transaction ID: 30587808

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Candidate Name  
Rep. Edwin PerlmutterOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 07

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

Transaction ID: 30588147

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Chris Dodd

Mailing Address P.O. Box 331133

City West Hartford State CT Zip Code 61133

Purpose of Disbursement

Candidate Name  
Sena Christopher DoddOffice Sought: ☐ House  
☒ Senate  
☐ President

State: CT District:

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

Transaction ID: 30588446

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 55

<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) Jim Himes For Congress	<b>Transaction ID:</b> 30590304 <b>Date of Disbursement</b>																				
Mailing Address 857 Post Road, #312	<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>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City Fairfield State CT Zip Code 06824	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. James Himes	<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: 04	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) Rangel for Congress Committee	<b>Transaction ID:</b> 30590310 <b>Date of Disbursement</b>																				
Mailing Address 2030 Allen Place, N.W.	<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>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City Washington State DC Zip Code 20009	<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 Mr. Charles Rangel	<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: 15	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) Mike Crapo for US Senate	<b>Transaction ID:</b> 30590311 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1948	<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>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City Boise State ID Zip Code 83701	<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 Sena Michael Crapo	<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 55

☐ 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 John Boehner	<b>Transaction ID:</b> 30596560 <b>Date of Disbursement</b>
Mailing Address 7908-I Cincinnati Dayton Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 9</div> </div>
City West Chester State OH Zip Code 45069	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Repr John Boehner	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	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) Friends Of Erik Paulsen	<b>Transaction ID:</b> 30596564 <b>Date of Disbursement</b>
Mailing Address P.O. Box 44369 250 Prairie Center Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 9</div> </div>
City Eden Prairie State MN Zip Code 55344	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Erik Paulsen	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	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) Judy Biggert for Congress	<b>Transaction ID:</b> 30596565 <b>Date of Disbursement</b>
Mailing Address PO Box 637	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 9</div> </div>
City Hinsdale State IL Zip Code 60522	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Repr Judy Biggert	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3500.00

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

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

PAGE 46 / 55

<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)

Mike Rogers for Congress

Mailing Address 123 East 13th Street

City	State	Zip Code
Annison	AL	36201-4630

Purpose of Disbursement

Candidate Name  
Mr. Mike RogersOffice Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 30596574

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Mailing Address P O Box 1011

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement

Candidate Name  
REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 30596576

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

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) ▼011  
Category/  
Type

Transaction ID: 30596595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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

PAGE 47 / 55

<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)

Evan Bayh Committee

Mailing Address P.O. Box 40977

City  
IndianapolisState  
INZip Code  
46240-0977

Purpose of Disbursement

Candidate Name  
Sena Evan BayhOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IN District:

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

Transaction ID: 30596599

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Shelby for U.S. Senate

Mailing Address P.O. Box 1091

City  
TuscaloosaState  
ALZip Code  
35403

Purpose of Disbursement

Candidate Name  
Sena Richard ShelbyOffice Sought: ☐ House  
☒ Senate  
☐ President

State: AL District:

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

Transaction ID: 30596605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Geoff Davis for Congress

Mailing Address 700 12th Street NW  
Suite 700City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

Candidate Name  
Mr. Geoffrey DavisOffice Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 04

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

Transaction ID: 30596682

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

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) .....

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

**A.**

MM / DD / YYYY

**B.**

**C.**

State: NJ District: 07

FEC Schedule B ( Form 3X) (Revised 02/2003)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 55

<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) Bennett Election Committee	<b>Transaction ID:</b> 30597861 <b>Date of Disbursement</b>																				
Mailing Address 75 SOUTH WEST TEMPLE SUITE 650	<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>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Salt Lake City State UT Zip Code 84101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. Robert Bennett	<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: UT 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) Roskam For Congress Committee	<b>Transaction ID:</b> 30597863 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 713	<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>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Wheaton State IL Zip Code 60189	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Peter Roskam	<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: IL District: 06	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) Heller For Congress	<b>Transaction ID:</b> 30597869 <b>Date of Disbursement</b>																				
Mailing Address 7840 Red Leaf Drive	<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>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Las Vegas State NV Zip Code 89131	<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 Rep. Dean Heller	<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: NV District: 02	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)

<b>A.</b> Full Name (Last, First, Middle Initial) LaTourette for Congress Committee	<b>Transaction ID:</b> 30601667 <b>Date of Disbursement</b>
Mailing Address P.O. Box 516	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 9</div> </div>
City Painesville State OH Zip Code 44077-0516	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div> <div>1000.00</div> </div>
Candidate Name Repr Steve LaTourette	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	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) Campbell for Congress	<b>Transaction ID:</b> 30601732 <b>Date of Disbursement</b>
Mailing Address 18004 Sky Park Circle Suite 155	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 9</div> </div>
City Irvine State CA Zip Code 92614	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div> <div>2000.00</div> </div>
Candidate Name Mr. John Campbell	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	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) Blaine For Congress, Inc.	<b>Transaction ID:</b> 30601734 <b>Date of Disbursement</b>
Mailing Address PO Box 1526	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 9</div> </div>
City Columbia State MO Zip Code 65205	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div> <div>500.00</div> </div>
Candidate Name Mr. Blaine Luetkemeyer	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 55

☐ 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) David Vitter For US Senate Mailing Address PO Box 8175	<b>Transaction ID:</b> 30601755 <b>Date of Disbursement</b> <div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Metairie State LA Zip Code 70011 Purpose of Disbursement <div>011</div> Category/Type Candidate Name Sen. David Vitter Office Sought: <input type="checkbox"/> House <input checked="" 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: LA District:	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Capuano For Senate Committee Mailing Address 38 Ivy Street, SE	<b>Transaction ID:</b> 30601989 <b>Date of Disbursement</b> <div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003 Purpose of Disbursement <div>011</div> Category/Type Candidate Name Michael Capuano Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Moore for Congress Mailing Address PO Box 75214	<b>Transaction ID:</b> 30601990 <b>Date of Disbursement</b> <div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Washington State DC Zip Code 20013 Purpose of Disbursement <div>011</div> Category/Type Candidate Name Repr Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>

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

**6500.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 55

<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  
Burlingame

State  
CA

Zip Code  
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) ▼

011  
Category/  
Type

Transaction ID: 30601993

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2009

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

80000.00

# **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 53 / 55

<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) Tom Corbett for Governor	<b>Transaction ID:</b> 30540886 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 1145	<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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	9												
City Harrisburg State PA Zip Code 17108	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Tom Corbett, GOVERNOR PA	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Tom Corbett	<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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Tom Corbett, GOVERNOR PA																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jackie Speier for California	<b>Transaction ID:</b> 30588947 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 112	<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>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City Burlingame State CA Zip Code 94011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Jackie Speier, STATE SENATE 8th CA	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sena Jackie Speier	<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Jackie Speier, STATE SENA-TE 8th CA																				
<b>C.</b> Full Name (Last, First, Middle Initial) Larry Taylor Campaign	<b>Transaction ID:</b> 30601760 <b>Date of Disbursement</b>																				
Mailing Address 174 Calder Road #116	<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>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City League City State TX Zip Code 77573	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Larry Taylor, STATE HOUSE 24th TX	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name TX Rep. Larry Taylor	<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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 24	Larry Taylor, STATE HOUSE 24th TX																				

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

**3500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 55

<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) Todd Hunter Campaign	<b>Transaction ID:</b> 30601765 <b>Date of Disbursement</b>																				
Mailing Address 445 Cape Henry	<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>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Corpus Christi State TX Zip Code 78412	Amount of Each Disbursement this Period																				
Purpose of Disbursement Todd Hunter, STATE HOUSE 32nd TX	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name TX Rep. Todd Hunter	<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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: TX District: 32 Other (specify) ▼	Todd Hunter, STATE HOUSE 32nd TX																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carl Isett Campaign	<b>Transaction ID:</b> 30601766 <b>Date of Disbursement</b>																				
Mailing Address 1001 Main Street #608	<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>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Lubbock State TX Zip Code 79401	Amount of Each Disbursement this Period																				
Purpose of Disbursement Carl Isett, STATE HOUSE 84th TX	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Representa Carl Isett	<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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: TX District: 84 Other (specify) ▼	Carl Isett, STATE HOUSE 84th TX																				
<b>C.</b> Full Name (Last, First, Middle Initial) Glenn Hegar Campaign	<b>Transaction ID:</b> 30601769 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1008	<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>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Katy State TX Zip Code 77492	Amount of Each Disbursement this Period																				
Purpose of Disbursement Glenn Hegar, STATE SENATE 18th TX	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name TX Sen. Glenn Hegar	<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: TX District: Other (specify) ▼	Glenn Hegar, STATE SENATE 18th TX																				

**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 55 / 55

<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)

Kelly Hancock Campaign

Mailing Address P. O. Box 821349

City North Richland Hil State TX Zip Code 76182

Purpose of Disbursement  
Kelly Hancock, STATE HOUSE 91st TX

Candidate Name  
TX Rep. Kelly Hancock

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 91

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

011  
Category/  
Type

Transaction ID: 30601771

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

500.00

Kelly Hancock, STATE HOUSE  
91st TX

B.

Full Name (Last, First, Middle Initial)

Senfronia Thompson Campaign

Mailing Address 7611 Sterlingshire

City Houston State TX Zip Code 77016

Purpose of Disbursement  
Senfronia Thompson, STATE HOUSE 141st TX

Candidate Name  
Representa Senfronia Thompson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 41

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

011  
Category/  
Type

Transaction ID: 30601773

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

500.00

Senfronia Thompson, STATE  
HOUSE 141st TX

C.

Full Name (Last, First, Middle Initial)

Jackie Speier for California

Mailing Address P.O. Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
Void - Jackie Speier for California

Candidate Name  
Sena Jackie Speier

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CA District:

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

011  
Category/  
Type

Transaction ID: 30601991

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

-2000.00

Void - Jackie Speier for  
California

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

-1000.00

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

5500.00