

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

INSURING OUR FUTURE

ADDRESS (number and street) 824 S MILLEDGE AVE STE 101

Check if different than previously reported. (ACC)

ATHENS

GA

30605

2. **FEC IDENTIFICATION NUMBER** ▼

C C00583583

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

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 PAUL KILGORE

Signature of Treasurer PAUL KILGORE

[Electronically Filed]

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**INSURING OUR FUTURE**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	76000.00	76000.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	76000.00	76000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11476.47	11476.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11476.47	11476.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**INSURING OUR FUTURE**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29000.00	29000.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	29000.00	29000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	47000.00	47000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	76000.00	76000.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	76000.00	76000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11476.47	11476.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	64523.53	64523.53
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>76000.00</b>	<b>76000.00</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76000.00
25. SUBTOTAL (add Line 23 and Line 24).....	76000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76000.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Afable**

Mailing Address 1826 Carrington Dr

City State Zip Code  
Sun Prairie WI 53590

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

Name of Employer Occupation  
American Family Insurance Chief Legal Officer

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1227 Bongard Dr

City State Zip Code  
Waunakee WI 53597

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

Name of Employer Occupation  
American Family Insurance Chief Sales Officer

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1797 Oaken Vale Rd

City State Zip Code  
Marshall WI 53559

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

Name of Employer Occupation  
American Family Insurance Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

Full Name (Last, First, Middle Initial) <b>A. Kurt F. Bock</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 1701 Towanda Ave		<b>Transaction ID : SA11AI.4174</b>
City Bloomington	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Country Financial	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Burhan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1659 Carmel Ct		<b>Transaction ID : SA11AI.4184</b>
City Hoffman Estates	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Liberty Mutual	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Terrence W. Cavanaugh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 6300 Lake Shore Dr		<b>Transaction ID : SA11AI.4180</b>
City Erie	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Erie Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah A. Constien**

Mailing Address 3020 Craig Lm

City State Zip Code  
Sun Prairie WI 53590

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

Name of Employer Occupation  
American Family Insurance President

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4132**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 610 Clemons Ave

City State Zip Code  
Madison WI 53704

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

Name of Employer Occupation  
American Family Insurance Vice President

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5702 Wyngate Dr

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
SAGA Public Affairs Partner

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

Full Name (Last, First, Middle Initial) <b>William T. Fancher</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 1111 Woodbridge Trl		<b>Transaction ID : SA11AI.4122</b>
City Waunakee	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Family Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Bernard M. Flynn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 274 Burning Tree Rd		<b>Transaction ID : SA11AI.4162</b>
City Delran	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer NJM Insurance Group	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>Dana M. Frascella</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 5 Stonebridge Cr Rd		<b>Transaction ID : SA11AI.4156</b>
City Newtown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**David Graham**

Mailing Address 3963 Caribou Rd

City Verona State WI Zip Code 53593

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

Name of Employer American Family Insurance Occupation Chief Investment Officer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1218 Lawton Ln

City Waunakee State WI Zip Code 53597

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4148**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address W147 E River Rd

City Hayward State WI Zip Code 54843

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

Name of Employer Johnson Timber Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period  
**1500.00**

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

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

**2000.00**

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

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

FOR LINE NUMBER: PAGE 10 OF 24  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**R.E. King**

Mailing Address 1415 W 22nd St Ste 400

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation  
Rasmussen College Chairman

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5591 Polo Ridge

City State Zip Code  
Waunakee WI 53597

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

Name of Employer Occupation  
American Family Insurance Chief Information Officer

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4126**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5830 Cobblestone Ln

City State Zip Code  
Waunakee WI 53597

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

Name of Employer Occupation  
American Family Insurance President

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4128**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 24  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**James J. Madden**

Mailing Address 6760 Tartan Trl

City State Zip Code  
Sun Prairie WI 53590

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

Name of Employer Occupation  
American Family Insurance Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
250.00

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

Mailing Address W346 S3290 Holland Ct

City State Zip Code  
Oconomowoc WI 53066

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

Name of Employer Occupation  
American Family Insurance Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 171 Isleworth Dr

City State Zip Code  
Advance NC 27006

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

Name of Employer Occupation  
Jewlers Mutual Insurance Co President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4152**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 24  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory J. Pfluger**

Mailing Address 603 S Prospect Ave

City Madison State WI Zip Code 53711

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Cesar A. Pinzon Jr.**

Mailing Address 2201 Scoil Ct

City Waunakee State WI Zip Code 53597

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4146**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 3000 Schuster Ln

City Merrill State WI Zip Code 54452

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

Name of Employer Church Mutual Insurance Co Occupation Executive

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

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

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

\_\_\_\_\_ 5500.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 24

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Rekowski**

Mailing Address 2202 Colladay Point Dr

City Stoughton State WI Zip Code 53589

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 6501 Forest Park Dr

City De Forest State WI Zip Code 53532

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1713 Dunwoody Ln

City Waunakee State WI Zip Code 53597

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

Name of Employer American Family Insurance Occupation Agency Strategy Director

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4110**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 24

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Sarah S. Salzwedel**

Mailing Address 5117 St Cyr Rd

City Middleton State WI Zip Code 53562

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

Name of Employer American Family Insurance Occupation Chairman

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 696 Acadia Way

City Verona State WI Zip Code 53593

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5864 Cobblestone Ln

City Waunakee State WI Zip Code 53597

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
 250.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Roger H. Taft**

Mailing Address 4724 Wolf Rd

City Erie State PA Zip Code 16505

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

Name of Employer MacDonald Illig Jones&Brittan LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4176**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1410 Eldorado Ct

City Waunakee State WI Zip Code 53597

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

Name of Employer American Family Insurance Occupation Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.4116**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1926 Hampton Dr

City Wheaton State IL Zip Code 60189

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

Name of Employer Inland Group Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 24  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa A Wagner**

Mailing Address 1926 Hampton Dr

City State Zip Code  
Wheaton IL 60189

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11Al.4188**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

29000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**ALLSTATE INSURANCE COMPANY PAC**

Mailing Address 2775 SANDERS ROAD SUITE A2W

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4178**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FAMILY MUTUAL INSURANCE COMPANY FEDERAL PAC (AMFAM PAC)**

Mailing Address 6000 AMERICAN PARKWAY

City MADISON State WI Zip Code 53783

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4170**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 6008

City PROVIDENCE State RI Zip Code 02940

FEC ID number of contributing federal political committee. **C** C00268987

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4168**

Amount of Each Receipt this Period  
2500.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**APPRAISAL INSTITUTE PAC (AI PAC)**

Mailing Address 440 1ST STREET NW/SUITE 880

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00144261

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4150**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**CUNA MUTUAL HOLDING COMPANY POLITICAL ACTION COMMITTEE (CUNA MUTUAL PAC)**

Mailing Address 5910 MINERAL POINT RD, PO BOX 747  
MAIL STOP 5910 4 A2

City MADISON State WI Zip Code 53701

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4172**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EMC CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 171 SOUTH STREET

City HOPKINTON State MA Zip Code 01748

FEC ID number of contributing federal political committee. **C** C00385948

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4166**

Amount of Each Receipt this Period  
 1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
**ERIE INDEMNITY COMPANY PAC - FEDERAL**

Mailing Address 100 ERIE INSURANCE PLACE

City State Zip Code  
ERIE PA 16530

FEC ID number of contributing federal political committee. **C** C00153577

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11C.4160**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S

City State Zip Code  
CHICAGO IL 60631

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11C.4192**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S

City State Zip Code  
CHICAGO IL 60631

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : SA11C.4193**

Amount of Each Receipt this Period  
5000.00

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

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

15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

**A.** Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S  
City CHICAGO State IL Zip Code 60631

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : SA11C.4194

FEC ID number of contributing federal political committee. **C** C00066472

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
15000.00

Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

**B.** Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S  
City CHICAGO State IL Zip Code 60631

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : SA11C.4195

FEC ID number of contributing federal political committee. **C** C00066472

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
20000.00

Full Name (Last, First, Middle Initial)  
SELECTIVE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (SELECTIVE PAC)

**C.** Mailing Address 40 WANTAGE AVE  
City BRANCHVILLE State NJ Zip Code 07890

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : SA11C.4197

FEC ID number of contributing federal political committee. **C** C00550889

Amount of Each Receipt this Period  
2000.00

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
2000.00

**SUBTOTAL** of Receipts This Page (optional)..... 12000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

**A.** Full Name (Last, First, Middle Initial)  
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 10 EAST DOTY STREET  
SUITE 701

City MADISON State WI Zip Code 53703

FEC ID number of contributing federal political committee. **C** C00545194

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4182**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
WESTFIELD FEDERAL EMPLOYEE POLITICAL ACTION COMMITTEE OF OHIO FARMERS INSURANCE COMPANY

Mailing Address ONE PARK CIRCLE  
P.O. BOX 5001

City WESTFIELD CENTER State OH Zip Code 44251

FEC ID number of contributing federal political committee. **C** C00376863

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11C.4158**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

6000.00

47000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

Full Name (Last, First, Middle Initial) <b>A. ABH Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015		
Mailing Address 3410 Alabama Ave			Amount of Each Disbursement this Period 9711.93		
City Alexandria	State VA	Zip Code 22305	Transaction ID : <b>SB17.4103</b>		
Purpose of Disbursement JFC Fundraising Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015		
Mailing Address 5555 Hilton Ave Ste 106			Amount of Each Disbursement this Period 195.30		
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : <b>SB17.4102</b>		
Purpose of Disbursement JFC CC Transaction Fees		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Professional Data Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015		
Mailing Address 824 S Milledge Ave Ste 101			Amount of Each Disbursement this Period 1529.94		
City Athens	State GA	Zip Code 30605	Transaction ID : <b>SB17.4198</b>		
Purpose of Disbursement JFC Compliance Services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11437.17
<b>TOTAL</b> This Period (last page this line number only).....	11437.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

Full Name (Last, First, Middle Initial) <b>A. BLAINE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address PO BOX 98		Amount of Each Disbursement this Period 33110.75 <b>Transaction ID : SB18.4201</b>
City ST. ELIZABETH State MO Zip Code 65075	Purpose of Disbursement TRANSFER OF NET JFC FUNDS 008 Category/Type	
Candidate Name <b>W BLAINE LUETKEMEYER</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. BLAINE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address PO BOX 98		Amount of Each Disbursement this Period 4244.97 <b>Transaction ID : SB18.4204</b>
City ST. ELIZABETH State MO Zip Code 65075	Purpose of Disbursement TRANSFER OF NET JFC FUNDS 008 Category/Type	
Candidate Name <b>W BLAINE LUETKEMEYER</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DENNIS ROSS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address POST OFFICE BOX		Amount of Each Disbursement this Period 15706.39 <b>Transaction ID : SB18.4208</b>
City LAKELAND State FL Zip Code 33807	Purpose of Disbursement TRANSFER OF NET JFC FUNDS 008 Category/Type	
Candidate Name <b>DENNIS ROSS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33110.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 24
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**INSURING OUR FUTURE**

Full Name (Last, First, Middle Initial) <b>A. ROTHFUS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address PO BOX 435		Amount of Each Disbursement this Period 15706.39 <b>Transaction ID : SB18.4205</b>
City SEWICKLEY State PA Zip Code 15143	Purpose of Disbursement TRANSFER OF NET JFC FUNDS Category/Type 008	
Candidate Name <b>KEITH ROTHFUS</b>	Office Sought: <input checked="" 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: PA District: 12		

Full Name (Last, First, Middle Initial) <b>B. WESTMORELAND FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address P.O. BOX 458		Amount of Each Disbursement this Period 15706.39 <b>Transaction ID : SB18.4211</b>
City SHARPSBURG State GA Zip Code 30277	Purpose of Disbursement TRANSFER OF NET JFC FUNDS Category/Type 008	
Candidate Name <b>LYNN WESTMORELAND</b>	Office Sought: <input checked="" 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: GA District: 03		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31412.78
<b>TOTAL</b> This Period (last page this line number only).....	64523.53