

# 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 lines  
American Insurance Association Political Action Committee

ADDRESS (number and street) 1130 Connecticut Avenue NW  
Suite 1000  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00103143  
**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 11 07 2006 in the State of \_\_\_\_\_

5. Covering Period 10 19 2006 through 11 27 2006

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

Type or Print Name of Treasurer Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Leigh Ann Pusey Date 12 06 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Insurance Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		7358.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	5674.74									
(c) Total Receipts (from Line 19) .....	30485.09	116117.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36159.83	123475.85								
7. Total Disbursements (from Line 31) .....	10505.00	97821.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25654.83	25654.83								
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**

Write or Type Committee Name  
American Insurance Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	23970.87	66639.32
(i) Itemized (use Schedule A) .....	513.30	3459.40
(ii) Unitemized .....	24484.17	70098.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	6000.00	46000.00
(c) Other Political Committees (such as PACs) .....	30484.17	116098.72
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.92	18.69
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)) .....	30485.09	116117.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30485.09	116117.41

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	5.00	55.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	55.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10500.00	97766.02
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.....	0.00	0.00
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))..	10505.00	97821.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10505.00	97821.02

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	30484.17	116098.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30484.17	116098.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	55.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5.00	55.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> John J Amore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3 Morton Street		Transaction ID: 4571900611096203157
City State Zip Code Staten Island NY 10306	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Zurich North America	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Albert T Annexstad		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 669 Woodhill Place		Transaction ID: 6337680611096255365
City State Zip Code Owatonna MN 55060	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federated Mutual Insurance Company	Occupation Chairman; President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph J Beneducci		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 3607 Manor Park Place		Transaction ID: 9407290610266104223
City State Zip Code Santa Rosa CA 95404	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fireman's Fund Insurance Company	Occupation Senior Vice President; Commercial Insu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William Berkley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 475 Steamboat Road		<b>Transaction ID: 6250820611096222099</b>
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer W. R. Berkley Corporation	Occupation Chairmand and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Gary Bhojwani</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 777 San Marin Drive		<b>Transaction ID: 4948690610266121524</b>
City State Zip Code Novato CA 94998-0001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fireman's Fund Insurance Company	Occupation President-Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Fred Bosse</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 28224 Equestrian		<b>Transaction ID: 20061128--22</b>
City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period 36.06	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Vice President; Southwest Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 854.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5536.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Fred Bosse		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 28224 Equestrian		Transaction ID: 20061109--22
City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period 36.06	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Vice President; Southwest Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 854.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Fred Bosse		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 28224 Equestrian		Transaction ID: 20061124--22
City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period 36.06	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Vice President; Southwest Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 854.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sarah Buxton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 4000 Glenwood Ave.		Transaction ID: 5029410611096298696
City State Zip Code Golden Valley MN 55422	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federated Insurance	Occupation Executive Vice President - Insurance O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	472.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew Cantor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 207A Constitution Ave NE		<b>Transaction ID:</b> 20061128--25	
City Washington	State DC	Amount of Each Receipt this Period 69.23	
Zip Code 20002-7307			
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Vice President; Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1661.52		

Full Name (Last, First, Middle Initial) <b>B.</b> Andrew Cantor		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 207A Constitution Ave NE		<b>Transaction ID:</b> 20061109--25	
City Washington	State DC	Amount of Each Receipt this Period 69.23	
Zip Code 20002-7307			
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Vice President; Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1661.52		

Full Name (Last, First, Middle Initial) <b>C.</b> Andrew Cantor		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 207A Constitution Ave NE		<b>Transaction ID:</b> 20061124--25	
City Washington	State DC	Amount of Each Receipt this Period 69.23	
Zip Code 20002-7307			
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Vice President; Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1661.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	207.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 986 Slate Drive

City State Zip Code  
Santa Rosa CA 95405

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

Name of Employer Occupation  
Fireman's Fund Ins. Co. Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

**Transaction ID:** 7229880610266079296

Amount of Each Receipt this Period  
500.00

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

Mailing Address 43 Ogden Plance

City State Zip Code  
Morristown NJ 07960

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

Name of Employer Occupation  
Allianz of America Corporation President; Personal Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

**Transaction ID:** 6466200610266152111

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1305 Ridge Road

City State Zip Code  
Owatonna MN 55060-1995

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

Name of Employer Occupation  
Federated Insurance Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 8286320611096246138

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey E Fetters</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1485 Pinetree Pass		<b>Transaction ID: 1649910611096264641</b>	
City State Zip Code Eagan MN 55122	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Bruce Friedberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5 Ashley Ct		<b>Transaction ID: 6996060610266126951</b>	
City State Zip Code Novato CA 94945-1550	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fireman's Fund Insurance Company	Occupation Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Steven W Judd</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 121 E. Park Square		<b>Transaction ID: 0966800611096249610</b>	
City State Zip Code Owatonna MN 55060	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Senior Vice President - Director of Ac		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Charles Kavitsky</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1910 Straits View Drive		<b>Transaction ID: 1660470610266155268</b>	
City State Zip Code Tiburon CA 94920-1821	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fireman's Fund Insurance Co.	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Keller</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1745 Denmark Place NE		<b>Transaction ID: 9736490611096287628</b>	
City State Zip Code Owatonna MN 55060	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Executive Projects Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Janet S Kloenhamer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 31 Creek View Circle		<b>Transaction ID: 8791250610266095015</b>	
City State Zip Code Larkspur CA 94939	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fireman's Fund Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Full Name (Last, First, Middle Initial) <b>A. Peter A Lefkin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 4112 38th Street Northwest		<b>Transaction ID: 4456550610266131465</b>	
City State Zip Code Washington DC 20016-2218	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allianz of America	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. A. Daniel Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1465 Springwood Place		<b>Transaction ID: 2805870611096283654</b>	
City State Zip Code Owatonna MN 55060	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Executive Vice President - Insurance O		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. John R Marlow</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 7700 Penelope Circle		<b>Transaction ID: 20061128--23</b>	
City State Zip Code Austin TX 78759-6403	Amount of Each Receipt this Period 10.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	910.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> John R Marlow		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 7700 Penelope Circle		<b>Transaction ID:</b> 20061109--23
City State Zip Code Austin TX 78759-6403	Amount of Each Receipt this Period 10.68	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.32	

Full Name (Last, First, Middle Initial) <b>B.</b> John R Marlow		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 7700 Penelope Circle		<b>Transaction ID:</b> 20061124--23
City State Zip Code Austin TX 78759-6403	Amount of Each Receipt this Period 10.68	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.32	

Full Name (Last, First, Middle Initial) <b>C.</b> Cecil Pearce		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 13686		<b>Transaction ID:</b> 20061128--21
City State Zip Code Tallahassee FL 32317-3686	Amount of Each Receipt this Period 36.02	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association	Occupation Vice President; SE Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	57.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Cecil Pearce

Mailing Address PO Box 13686

City State Zip Code  
Tallahassee FL 32317-3686

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

Name of Employer American Insurance Association  
Occupation Vice President; SE Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
864.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

**Transaction ID:** 20061109--21

Amount of Each Receipt this Period  
36.02

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

Mailing Address PO Box 13686

City State Zip Code  
Tallahassee FL 32317-3686

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

Name of Employer American Insurance Association  
Occupation Vice President; SE Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
864.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 6

**Transaction ID:** 20061124--21

Amount of Each Receipt this Period  
36.02

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

Mailing Address 2066 Falcon Ridge Drive

City State Zip Code  
Petaluma CA 94954

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

Name of Employer Fireman's Fund  
Occupation Property & Casualty Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

**Transaction ID:** 6254210610266145577

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	572.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Leigh Ann Pusey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1119 Alexandria Avenue		<b>Transaction ID:</b> 20061128--26	
City State Zip Code Alexandria VA 22308-1015	Amount of Each Receipt this Period 192.30		
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Senior Vice President - Federal Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20		

Full Name (Last, First, Middle Initial) <b>B.</b> Leigh Ann Pusey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1119 Alexandria Avenue		<b>Transaction ID:</b> 20061109--26	
City State Zip Code Alexandria VA 22308-1015	Amount of Each Receipt this Period 192.30		
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Senior Vice President - Federal Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20		

Full Name (Last, First, Middle Initial) <b>C.</b> Leigh Ann Pusey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 1119 Alexandria Avenue		<b>Transaction ID:</b> 20061124--26	
City State Zip Code Alexandria VA 22308-1015	Amount of Each Receipt this Period 192.30		
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Senior Vice President - Federal Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	576.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mark D Scharmer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 17683 Kingswood Circle		<b>Transaction ID:</b> 0620340611096240771
City State Zip Code Lakeville MN 55044	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federated Insurance	Occupation Executive Vice President - Insurance O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Melissa W Shelk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 4845 Yorktown Boulevard		<b>Transaction ID:</b> 20061128--27
City State Zip Code Arlington VA 22207-2737	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Vice President-Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Melissa W Shelk		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 4845 Yorktown Boulevard		<b>Transaction ID:</b> 20061109--27
City State Zip Code Arlington VA 22207-2737	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Vice President-Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Melissa W Shelk

Mailing Address 4845 Yorktown Boulevard

City State Zip Code  
Arlington VA 22207-2737

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

Name of Employer American Insurance Association  
Occupation Vice President-Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 6

**Transaction ID:** 20061124--27

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4743 Bradley Blvd

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer American Insurance Association  
Occupation Vice President; Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

**Transaction ID:** 20061128--28

Amount of Each Receipt this Period  
70.00

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

Mailing Address 4743 Bradley Blvd

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer American Insurance Association  
Occupation Vice President; Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

**Transaction ID:** 20061109--28

Amount of Each Receipt this Period  
70.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Margaret Simmons</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 4743 Bradley Blvd		<b>Transaction ID: 20061124--28</b>
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Vice President; Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. David Snyder</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 410 Lincoln Avenue		<b>Transaction ID: 20061128--8</b>
City State Zip Code Falls Church VA 22046-2618	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. David Snyder</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 410 Lincoln Avenue		<b>Transaction ID: 20061109--8</b>
City State Zip Code Falls Church VA 22046-2618	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 410 Lincoln Avenue

City Falls Church State VA Zip Code 22046-2618

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 6

Transaction ID: 20061124--8

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 475 Vista Grande

City Greenbrae State CA Zip Code 94904

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

Name of Employer Fireman's Fund Ins. Co. Occupation Sr. Vice President; Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 1946320610266087411

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 70 Oakview Place

City Owatonna State MN Zip Code 55060-4035

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

Name of Employer Federated Insurance Occupation Senior Vice President - Director of Co

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 5757760611096279384

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	925.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Allan J Stein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 5513 Roosevelt Street		<b>Transaction ID:</b> 20061128--9
City State Zip Code Bethesda MD 20817-3781	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Allan J Stein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 5513 Roosevelt Street		<b>Transaction ID:</b> 20061109--9
City State Zip Code Bethesda MD 20817-3781	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Allan J Stein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 5513 Roosevelt Street		<b>Transaction ID:</b> 20061124--9
City State Zip Code Bethesda MD 20817-3781	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Gregory Stroik</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 918 St. Andrews Place		<b>Transaction ID: 5354830611096301689</b>	
City State Zip Code Owatonna MN 55060	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Senior Vice President - Director of In		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. David L Unnewehr</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 12421 Madeley Lane		<b>Transaction ID: 20061128--4</b>	
City State Zip Code Bowie MD 20715-2904	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Senior Research Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. David L Unnewehr</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 12421 Madeley Lane		<b>Transaction ID: 20061109--4</b>	
City State Zip Code Bowie MD 20715-2904	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Senior Research Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> David L Unnewehr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 12421 Madeley Lane		Transaction ID: 20061124--4	
City State Zip Code Bowie MD 20715-2904	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Senior Research Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lisa Van Varick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 3812 9th Road South		Transaction ID: 20061128--29	
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 56.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa Van Varick		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 3812 9th Road South		Transaction ID: 20061109--29	
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 56.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	122.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Lisa Van Varick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 3812 9th Road South		<b>Transaction ID:</b> 20061124--29	
City Arlington	State VA	Zip Code 22204	Amount of Each Receipt this Period 56.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Pamela A Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 14544 Cutstone Way		<b>Transaction ID:</b> 20061128--12	
City Silver Spring	State MD	Zip Code 20905-7430	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Pamela A Young		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 14544 Cutstone Way		<b>Transaction ID:</b> 20061109--12	
City Silver Spring	State MD	Zip Code 20905-7430	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Pamela A Young

Mailing Address 14544 Cutstone Way

City State Zip Code  
Silver Spring MD 20905-7430

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

Name of Employer American Insurance Association  
Occupation Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 6

**Transaction ID:** 20061124--12

Amount of Each Receipt this Period  
10.00

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

Mailing Address 150 Scarborough Street

City State Zip Code  
Hartford CT 06105

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

Name of Employer The Hartford Financial Services Group  
Occupation President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 6

**Transaction ID:** 1381140611156359371

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3010.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23970.87

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 29						
	(check only one)							
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Ace Ina Political Action Committee

Mailing Address 436 Walnut Street  
Wa04P

City Philadelphia State PA Zip Code 19106

FEC ID number of contributing federal political committee. **C** C00348938

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  
1 0 / 2 0 / 2 0 0 6

**Transaction ID:** 6712730610266169343

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
CUNA Mutual Insurance Society Political Action Committee Aka Cuna Mutual PAC

Mailing Address 5910 Mineral Point Road 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) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

**Transaction ID:** 6644050611096313770

Amount of Each Receipt this Period  
1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 29

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

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

Full Name (Last, First, Middle Initial) <b>A. Bachmann for Congress</b>		<b>Transaction ID:</b> 16686-0477868914604 Date of Disbursement 10 / 25 / 2006	
Mailing Address    Box 49756		Amount of Each Disbursement this Period 1000.00	
City Blaine	State MN		Zip Code 55449
Purpose of Disbursement 2006 General			Category/ Type
Candidate Name Bachmann Michele			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN            District: 06			

Full Name (Last, First, Middle Initial) <b>B. Chocola for Congress Inc.</b>		<b>Transaction ID:</b> 16686-7173883318901 Date of Disbursement 10 / 25 / 2006	
Mailing Address    PO Box 6728		Amount of Each Disbursement this Period 1000.00	
City South Bend	State IN		Zip Code 46660
Purpose of Disbursement 2006 General			Category/ Type
Candidate Name Chocola Chris			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN            District: 02			

Full Name (Last, First, Middle Initial) <b>C. Coloradans for Rick O'Donnell</b>		<b>Transaction ID:</b> 16686-7254602313041 Date of Disbursement 10 / 25 / 2006	
Mailing Address    PO Box 260693		Amount of Each Disbursement this Period 1000.00	
City Lakewood	State CO		Zip Code 80226
Purpose of Disbursement 2006 General			Category/ Type
Candidate Name O'Donnell Rick			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO            District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jobs, Opportunities and Education, PAC (JOE-PAC)</b>		<b>Transaction ID:</b> 16636-6473962664604 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 84-54 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement 2006 Contribution	
Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kevin McCarthy for Congress</b>		<b>Transaction ID:</b> 16686-0760766863822 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 455 Capitol Mall Suite 801		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement 2006 General	
Candidate Name McCarthy Kevin	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SNOWPAC</b>		<b>Transaction ID:</b> 47824-6470453143119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 2000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 2006 Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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 29 / 29

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

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

Full Name (Last, First, Middle Initial) <b>A. Texans for Henry Bonilla</b>		Transaction ID: 47824-6999627947807 Date of Disbursement 11 / 14 / 2006	
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 1000.00	
City San Antonio State TX Zip Code 78217	Purpose of Disbursement 2006 Run-Off	Category/ Type	
Candidate Name Bonilla Henry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Tim Johnson for South Dakota Inc</b>		Transaction ID: 47824-0782586932182 Date of Disbursement 11 / 14 / 2006	
Mailing Address PO Box 1859		Amount of Each Disbursement this Period 1000.00	
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement 2008 Primary	Category/ Type	
Candidate Name Johnson Tim	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Trent Lott for Mississippi</b>		Transaction ID: 18939-2702905535697 Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 1500.00	
City Jackson State MS Zip Code 39225	Purpose of Disbursement 2006 General	Category/ Type	
Candidate Name Lott Trent	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10500.00