

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) 2101 L Street, NW Suite 400 Washington DC 20037 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer Mrs. Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Mrs. Leigh Ann Pusey Date 04 16 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Insurance Association Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		5934.06
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	14545.08									
(c) Total Receipts (from Line 19) .....	12487.66	23098.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27032.74	29032.74								
7. Total Disbursements (from Line 31) .....	10500.00	12500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16532.74	16532.74								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Insurance Association Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3078.96	6590.44
(ii) Unitemized .....	407.38	2505.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3486.34	9095.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7500.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10986.34	21595.94
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 .....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.32	2.74
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)) .....	12487.66	23098.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12487.66	23098.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	12500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	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))..	10500.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	12500.00

**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) .....	10986.34	21595.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10986.34	21595.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Juan Andrade

Mailing Address Hartford Plaza

City Hartford State CT Zip Code 06115

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

Name of Employer The Hartford Occupation President & COO, P/C Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 22 / 2010  
**Transaction ID: 882D0798B40E29E336D**  
Amount of Each Receipt this Period 2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Fred Bosse

Mailing Address 28224 Equestrian

City Fair Oaks Ranch State TX Zip Code 78015-4655

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

Name of Employer American Insurance Association Occupation Vice President, Southwest Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.80

Date of Receipt: 03 / 12 / 2010  
**Transaction ID: 20100308--2**  
Amount of Each Receipt this Period 39.40

**C.**

Full Name (Last, First, Middle Initial)  
Fred Bosse

Mailing Address 28224 Equestrian

City Fair Oaks Ranch State TX Zip Code 78015-4655

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

Name of Employer American Insurance Association Occupation Vice President, Southwest Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.80

Date of Receipt: 03 / 26 / 2010  
**Transaction ID: 20100322--2**  
Amount of Each Receipt this Period 39.40

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2078.80

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin McGuinness	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 2101 L St NW Ste 400	<b>Transaction ID:</b> 20100308--7
	City Washington State DC Zip Code 20037-1526	Amount of Each Receipt this Period 100.00
	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 ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Martin McGuinness	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 2101 L St NW Ste 400	<b>Transaction ID:</b> 20100322--7
	City Washington State DC Zip Code 20037-1526	Amount of Each Receipt this Period 100.00
	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 ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cecil Pearce	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address PO Box 13686	<b>Transaction ID:</b> 20100308--11
	City Tallahassee State FL Zip Code 32317-3686	Amount of Each Receipt this Period 40.53
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 283.71	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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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 ▼  
283.71

Date of Receipt  

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

**Transaction ID:** 20100322--11

Amount of Each Receipt this Period  
40.53

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

Mailing Address 1119 Alexandria Avenue

City State Zip Code  
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association  
Occupation Senior Vice President - Federal Affair

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

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

**Transaction ID:** 20100308--12

Amount of Each Receipt this Period  
192.30

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

Mailing Address 1119 Alexandria Avenue

City State Zip Code  
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association  
Occupation Senior Vice President - Federal Affair

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

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

**Transaction ID:** 20100322--12

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.13**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17

(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)

Blain Rethmeier

Mailing Address 2992 S Columbus St

City State Zip Code  
Arlington VA 22206-1404

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

Name of Employer American Insurance Association  
Occupation Sr. VP - Public Affairs

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 645.75

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 20100308--13

Amount of Each Receipt this Period

92.25

**B.**

Full Name (Last, First, Middle Initial)

Blain Rethmeier

Mailing Address 2992 S Columbus St

City State Zip Code  
Arlington VA 22206-1404

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

Name of Employer American Insurance Association  
Occupation Sr. VP - Public Affairs

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 645.75

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: 20100322--13

Amount of Each Receipt this Period

92.25

**C.**

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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 20100308--15

Amount of Each Receipt this Period

75.00

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

259.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 17	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Melissa W. Shelk		Date of Receipt																					
	Mailing Address 4845 Yorktown Boulevard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	6		2	0	1	0														
	City State Zip Code Arlington VA 22207-2737		<b>Transaction ID:</b> 20100322--15																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00																						
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 ▼ 525.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	3078.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 17
	(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	<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)  
Farmers Group, Inc. Political Action Committee

Mailing Address 2350 Kerner Blvd., Suite 250

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 680BE118999B336E283

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
The Travelers Companies Inc. PAC

Mailing Address One Tower Square

City Hartford State CT Zip Code 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** E80F07ECB96E27E7B8B

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	7500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Chris Dodd		Date of Receipt	
	Mailing Address PO Box 270701		M M / D D / Y Y Y Y 03 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 2D308055BD6B17478EA
	West Hartford	CT	06127	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1500.00		
Name of Employer		Occupation		Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

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

# 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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 2010 General Candidate Name Robert F. Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37C56FCDF6503888418 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael N. Castle <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80E53A682FD5DB89F23 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Chris Lee for Congress <hr/> Mailing Address PO Box 15395 <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement 2010 General Candidate Name Christopher John Lee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8ADCFAFA3378EEF4BC5 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 6EB68F305A58DDE764F</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Vitter for US Senate</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: Contribution</p>	<p><b>Transaction ID:</b> 909CD47C01BC883D27A</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)</p> <p>Mailing Address 25 East Main Street, Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Every Republican Is Crucial (ERICPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 3B052B75579EC5F5C86</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Hoeven for Senate Mailing Address PO Box 15114 City Arlington State VA Zip Code 22215 Purpose of Disbursement 2010 General Candidate Name John Hoeven Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F83113716A2601BBBC2 Date of Disbursement 03 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress Mailing Address PO Box 12667 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement 2010 Primary Candidate Name Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5E734639574E9E97961 Date of Disbursement 03 / 18 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Crapo for US Senate Mailing Address PO Box 1948 City Boise State ID Zip Code 83701 Purpose of Disbursement 2010 General Candidate Name Michael D. Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9D46D869009D3BDCDDA Date of Disbursement 03 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Moore for Congress	<b>Transaction ID:</b> 6B50CEA441B15C9FEBA
	Mailing Address PO Box 16646	Date of Disbursement MM / DD / YYYY 03 / 16 / 2010
	City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2010 General Candidate Name Gwendolynne Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 04	Category/Type 011
<b>B.</b>	Full Name (Last, First, Middle Initial) Pete Sessions for Congress	<b>Transaction ID:</b> 56680DC885F98E78EA6
	Mailing Address PO Box 823047	Date of Disbursement MM / DD / YYYY 03 / 16 / 2010
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement 2010 General Candidate Name Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32	Category/Type 011
<b>C.</b>	Full Name (Last, First, Middle Initial) Shelby for U S Senate	<b>Transaction ID:</b> 5549B57D0BD30BC2642
	Mailing Address Post Office Box 1091	Date of Disbursement MM / DD / YYYY 03 / 22 / 2010
	City Tuscaloosa State AL Zip Code 35403	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 General Candidate Name Richard C. Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Category/Type 011

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

3000.00

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

10500.00