

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
 Check if different than previously reported. (ACC)
Washington DC 20037

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 _____ in the State of _____

5. Covering Period 06 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Mrs. Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Mrs. Leigh Ann Pusey Date 07 17 2009

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

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

A. Form/Schedule : **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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		8551.83
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	7191.76									
(c) Total Receipts (from Line 19)	13756.32	43421.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20948.08	51973.08								
7. Total Disbursements (from Line 31)	18005.00	49030.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2943.08	2943.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3568.96	15262.32
(ii) Unitemized	186.38	3153.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3755.34	18415.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13755.34	43415.96
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.)	0.98	5.29
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))	13756.32	43421.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13756.32	43421.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	49000.00
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))..	18005.00	49030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18005.00	49030.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 19

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	13755.34	43415.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13755.34	43415.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	30.00
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	30.00

**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 7 / 19
	<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) Fred Bosse		Date of Receipt
	Mailing Address 28224 Equestrian		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	Fair Oaks Ranch	TX	78015-4655
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090601--2
Name of Employer American Insurance Association		Occupation Vice President, Southwest Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 512.20	<input type="text"/> 39.40

B.	Full Name (Last, First, Middle Initial) Fred Bosse		Date of Receipt
	Mailing Address 28224 Equestrian		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Fair Oaks Ranch	TX	78015-4655
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090616--2
Name of Employer American Insurance Association		Occupation Vice President, Southwest Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 512.20	<input type="text"/> 39.40

C.	Full Name (Last, First, Middle Initial) Gary Henning		Date of Receipt
	Mailing Address 14 Cambridge Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	Albany	NY	12203-3002
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090601--5
Name of Employer American Insurance Association		Occupation Assistant Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.80
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 19
	<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) Gary Henning		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 14 Cambridge Rd		Transaction ID: 20090616--5		
	City Albany	State NY	Zip Code 12203-3002	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Assistant Vice President	Aggregate Year-to-Date 260.00		

B.	Full Name (Last, First, Middle Initial) Martin McGuinness		Date of Receipt MM / DD / YYYY 06 / 10 / 2009		
	Mailing Address 2101 L St NW Ste 400		Transaction ID: eb2d0eb8fb0cd0d7e65		
	City Washington	State DC	Zip Code 20037-1526	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Vice President, Federal Affairs	Aggregate Year-to-Date 5000.00		

C.	Full Name (Last, First, Middle Initial) Cecil Pearce		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address PO Box 13686		Transaction ID: 20090601--10		
	City Tallahassee	State FL	Zip Code 32317-3686	Amount of Each Receipt this Period 40.53	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Vice President, SE Region	Aggregate Year-to-Date 526.89		

SUBTOTAL of Receipts This Page (optional)	▶	2560.53
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 9 / 19
(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)
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 ▼
526.89

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 20090616--10

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 ▼
2499.90

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 20090601--11

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 ▼
2499.90

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 20090616--11

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 / 19
(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 ▼
1199.25

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 20090601--12

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 ▼
1199.25

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 20090616--12

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 ▼
975.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 20090601--13

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 / 19
(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)
Melissa W. Shelk

Mailing Address 4845 Yorktown Boulevard

City Arlington State VA Zip Code 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 ▼ 975.00

Date of Receipt 06 / 19 / 2009
Transaction ID: 20090616--13
Amount of Each Receipt this Period 75.00

B.

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 ▼ 325.00

Date of Receipt 06 / 05 / 2009
Transaction ID: 20090601--14
Amount of Each Receipt this Period 25.00

C.

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 ▼ 325.00

Date of Receipt 06 / 19 / 2009
Transaction ID: 20090616--14
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19

(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)
Allan J. Stein

Mailing Address 5513 Roosevelt Street

City State Zip Code
Bethesda MD 20817-3781

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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: 20090601--15

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Allan J. Stein

Mailing Address 5513 Roosevelt Street

City State Zip Code
Bethesda MD 20817-3781

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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: 20090616--15

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association
Occupation Sr. Counsel

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: 20090601--22

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 19	
	(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

A.	Full Name (Last, First, Middle Initial) J. Stephen Zielezienski		Date of Receipt																					
	Mailing Address 10514 James Wren Way		<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>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	9		2	0	0	9														
	City	State	Zip Code		Transaction ID: 20090616--22																			
	Fairfax	VA	22030-8119																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		C										Amount of Each Receipt this Period										
C																								
Name of Employer American Insurance Association		Occupation Sr. Counsel		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00
25.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td>3568.96</td> </tr> </table>	3568.96
3568.96			

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

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

FOR LINE NUMBER: PAGE 14 / 19
(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)
Allianz of America Corporation/Fireman's Fund 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** C00095109

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
 0 6 / 1 1 / 2 0 0 9

Transaction ID: 624983dfc6c44d58455

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
The Chubb Corporation Political Action Committee-Chubbpac

Mailing Address 15 Mountain View Road
PO Box 1651

City Warren State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C** C00229203

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
 0 6 / 0 4 / 2 0 0 9

Transaction ID: 65c1b390024599b0759

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00

TOTAL This Period (last page this line number only) ► 10000.00

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

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

FOR LINE NUMBER: (check only one)

<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

A.	Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 39fe626e2c0d8a01882 Date of Disbursement																			
	Mailing Address 14 Knightswood Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name John H. Adler	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)	Transaction ID: 9c66cb7b8026beea807 Date of Disbursement																			
	Mailing Address 5915 Eastman Avenue Suite 100	<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>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2009 Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																			

C.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: 85136254409bfd5874f Date of Disbursement																			
	Mailing Address PO Box 6545	<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>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	9												
	City Visalia State CA Zip Code 93290	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name Devin G. Nunes	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00
2500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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>A. Full Name (Last, First, Middle Initial) Ed Royce for Congress</p> <p>Mailing Address PO Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: cf00545b30ac3206ffb Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 04bd0b86d782b034f58 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Charlie Wilson</p> <p>Mailing Address PO Box 61</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles A. Wilson, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10d2e1d43bd01746bff Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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>A. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee</p> <p>Mailing Address 831 Linwood Court Suite 300</p> <p>City Birmingham State AL Zip Code 35222</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Growth and Prosperity Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 020113c29a3d19ef9f</p> <p>Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee</p> <p>Mailing Address 831 Linwood Court Suite 300</p> <p>City Birmingham State AL Zip Code 35222</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Growth and Prosperity Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11e0c98cdabd40166ea</p> <p>Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Himes for Congress</p> <p>Mailing Address 857 Post Road, #312 Box 456</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James A. Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: a44468a98dadb4a4204</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

A. Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate <hr/> Mailing Address PO Box 10246 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Jon Kyl <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01f0fe3488eeaf61784 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 122b4fa790284063f58 Date of Disbursement 06 / 15 / 2009
	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) ▼
C. Full Name (Last, First, Middle Initial) Melissa Bean for Congress <hr/> Mailing Address PO Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Melissa Luburich Bean <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80fe7777ce5369d39d4 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<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

A. Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address PO Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement 2010 Primary Candidate Name E. Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1665a83e539b54cc798 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Senate Majority Fund <hr/> Mailing Address PO Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Senate Majority Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 89fd2e5e3eb1bb44f64 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

18000.00