

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

ADDRESS (number and street) 2600 South River Road
 Check if different than previously reported. (ACC)
Des Plaines IL 60018 3286

2. **FEC IDENTIFICATION NUMBER** C00066472
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 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 June Holmes

Signature of Treasurer Electronically Filed by June Holmes Date 02 19 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		162108.60
(b) Cash on Hand at Beginning of Reporting Period	162108.60	
(c) Total Receipts (from Line 19)	9138.09	9138.09
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	171246.69	171246.69
7. Total Disbursements (from Line 31)	68500.00	68500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102746.69	102746.69
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**

Write or Type Committee Name

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

Report Covering the Period: From: To:

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)	4031.35	4031.35
(ii) Unitemized	5106.74	5106.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9138.09	9138.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9138.09	9138.09
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.)	0.00	0.00
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))	9138.09	9138.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9138.09	9138.09

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.....	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.....	67500.00	67500.00
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.....	1000.00	1000.00
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))..	68500.00	68500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68500.00	68500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	9138.09	9138.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9138.09	9138.09
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: (check only one)	PAGE 6 / 13
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr John Fitts

Mailing Address 6300 Wilson Mills Road

City State Zip Code
Mayfield Village OH 44143-2109

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

Name of Employer Progressive Casualty Insurance Company
Occupation Deputy 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
0 1 / 0 6 / 2 0 1 0

Transaction ID: 31107855

Amount of Each Receipt this Period
240.00

B.

Full Name (Last, First, Middle Initial)
David Greenbaum

Mailing Address 4 Fairview Terrace

City State Zip Code
Winchester MA 01890-3047

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

Name of Employer Electric Insurance Group
Occupation Vice President and 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
0 1 / 1 1 / 2 0 1 0

Transaction ID: 31134975

Amount of Each Receipt this Period
240.00

C.

Full Name (Last, First, Middle Initial)
Mr. Daniel D. Pitcher

Mailing Address 2508 Countryside Place

City State Zip Code
West Des Moines IA 50265-7641

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

Name of Employer FBL Financial Group
Occupation Vice President Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 1 0

Transaction ID: 31217721

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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: (check only one)	PAGE 7 / 13
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Joseph R Thomas	Date of Receipt MM / DD / YYYY 01 / 18 / 2010
	Mailing Address 1708 Dalwood Mews	Transaction ID: 31217746
	City State Zip Code Virginia Beach VA 23455-4369	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GEICO Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Alan L Wynn	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address 3420 Goldfinch Dr	Transaction ID: 31225511
	City State Zip Code Naperville IL 60564-8308	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Argo Group International Holdings, Ltd Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms. June T. Holmes	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 409 S. Vine	Transaction ID: PR1456336823347
	City State Zip Code Park Ridge IL 60068-4145	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Property Casualty Insurers Association Treasurer & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$150.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Bruce A Trost

Mailing Address 13749 Bay Hill Court

City State Zip Code
Clive IA 50325-8563

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

Name of Employer Occupation
FBL Financial Group Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.67

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

Transaction ID: PR1456453323347

Amount of Each Receipt this Period
416.67

P/R Deduction (\$416.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Scott A. Joyner

Mailing Address 57 E. Delaware #2105

City State Zip Code
Chicago IL 60611-1476

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

Name of Employer Occupation
Property Casualty Insurers Association Vice President Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

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

Transaction ID: PR1456541523347

Amount of Each Receipt this Period
213.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. McKay

Mailing Address 1401 South Joyce Street

City State Zip Code
Arlington VA 22202-1874

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

Name of Employer Occupation
Property Casualty Insurers Association Sr. VP Federal Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

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

Transaction ID: PR1695170223347

Amount of Each Receipt this Period
208.34

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

SUBTOTAL of Receipts This Page (optional) ► **838.01**

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 9 / 13
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr Thomas R. Litjen	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 3917 Barcroft Mews Court	Transaction ID: PR1790384223347
	City Falls Church State VA Zip Code 22041-1235	Amount of Each Receipt this Period 208.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation VP Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

B.	Full Name (Last, First, Middle Initial) David A. Sampson	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 2435 Luckett Ave	Transaction ID: PR2228336723347
	City Vienna State VA Zip Code 22180-6819	Amount of Each Receipt this Period 355.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$177.50 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

C.	Full Name (Last, First, Middle Initial) Marguerite Tortorello	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 4711 North Kenmore	Transaction ID: PR2357924923347
	City Chicago State IL Zip Code 60640-5980	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Sr Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	863.34
TOTAL This Period (last page this line number only)	4031.35

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Paulsen for State House Committee (Comm #1318)

Mailing Address P. O. Box 250

City Hiawatha State IA Zip Code 52233

Purpose of Disbursement
Kraig Paulsen, STATE HOUSE 35th IA

Candidate Name
IA Rep. Kraig Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 35

Transaction ID: 31107529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Kraig Paulsen, STATE HOUSE
35th IA

B. Full Name (Last, First, Middle Initial)
McCarthy for State Representative (Comm#1385)

Mailing Address 5220 SE 31st Court

City Des Moines State IA Zip Code 50320

Purpose of Disbursement
Kevin McCarthy, STATE HOUSE 67th IA

Candidate Name
IA Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 67

Transaction ID: 31107547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Kevin McCarthy, STATE HOUSE
SE 67th IA

C. Full Name (Last, First, Middle Initial)
Citizens for Gronstal (Comm #1612)

Mailing Address 220 Bennett Avenue

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement
Michael Gronstal, STATE SENATE 50th IA

Candidate Name
Sena Michael Gronstal

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District:

Transaction ID: 31107548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Michael Gronstal, STATE
SENATE 50th IA

SUBTOTAL of Disbursements This Page (optional)

750.00

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 11 / 13

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

McKinley for Iowa (Comm #1269)

Mailing Address 21884 -- 483rd Lane

City Chariton State IA Zip Code 50049-0609

Purpose of Disbursement
Paul McKinley, STATE SENATE 36th IA

Candidate Name
Senator Paul McKinley

Office Sought: House
 Senate
 President

State: IA District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 31107550

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

250.00

Paul McKinley, STATE SENATE 36th IA

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

1000.00

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)

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

A. Full Name (Last, First, Middle Initial) DCCC (Democratic Congressional Campaign Committee)	Mailing Address 430 S Capitol Street, S.E.		Transaction ID: 31133976 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 0	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 15000.00		
	Purpose of Disbursement Candidate Name	011 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. Full Name (Last, First, Middle Initial) DSCC	Mailing Address 430 South Capitol Street, SE		Transaction ID: 31133978 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 0	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 15000.00		
	Purpose of Disbursement Candidate Name	011 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) ▼		
C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Mailing Address 320 First Street, SE		Transaction ID: 31133980 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 0	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 15000.00		
	Purpose of Disbursement Candidate Name	011 Category/Type		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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 13 / 13

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee <hr/> Mailing Address 425 Second Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 31133990 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">15000.00</div>
B.	Full Name (Last, First, Middle Initial) First State PAC <hr/> Mailing Address P.O. Box 3006 <hr/> City Wilmington State DE Zip Code 19804 <hr/> Purpose of Disbursement 011 Candidate Name First State PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 31133995 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
C.	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 011 Candidate Name Sena Michael Crapo <hr/> 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: ID District:	Transaction ID: 31133997 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	22500.00
TOTAL This Period (last page this line number only)	67500.00