| Image# 12950171960  |   |  |   | PAGE 1 / 74  |
|---|---|--|---|--|
|   | EPORT OF RI<br>ND DISBURS<br>Other Than An Authori  | EMENTS                                   | Office  | Use Only   |
| 1. NAME OF <b>TYF</b><br>COMMITTEE (in full)  |   | Example: If typing, type over the lines. | 12FE4M5   |  |
| Property Casualty Insurer   | s Association of Ame  | rica Political Action (                  | Committee (PCI-   | -PAC)  |
|   |   |  |   |  |
| ADDRESS (number and street)   | 600 South River Road  |  |   |  |
| Check if different<br>than previously<br>reported. (ACC)  | Des Plaines   |  | IL 600  | 18-3286  |
| 2. FEC IDENTIFICATION NUMB  |   |  | STATE   | ZIP CODE   |
| C C00066472   | 3. IS TH<br>REPC  | · V                                      | (A)   | D  |
| <ul> <li>4. TYPE OF REPORT<br/>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15<br/>Quarterly Report (Q1)</li> <li>July 15<br/>Quarterly Report (Q2)</li> <li>October 15<br/>Quarterly Report (Q3)</li> <li>January 31</li> </ul> | (b) Monthly<br>Report<br>Due On:<br>Apr 20 (<br>(c) 12-Day<br>PRE-Election<br>Report for the: | M3) Jun 20 (M6)                          | Aug 20 (M8<br>Sep 20 (M9<br>Oct 20 (M10<br>General (12G)<br>Special (12S) | ) Dec 20 (M12)<br>(Non-Election<br>(Non-Election<br>Year Only) |
| July 31 Mid-Year         Report (Non-election         Year Only) (MY)         Termination Report (TER)  | (d) 30-Day<br>POST-Election<br>Report for the:<br>Election on                                 | General (30G)                            | Runoff (30R)  | State of Special (30S)<br>in the<br>State of                   |
| 5. Covering Period 12   | / D D / Y Y Y Y<br>01 2011  | through                                  |   | 2011   |
| I certify that I have examined this R<br>Type or Print Name of Treasurer  | lune Holmes   |  | M M / C   | lete.  |
| NOTE: Submission of false, erroneous  | , or incomplete information ma  | y subject the person signing t           | his Report to the pena  | lties of 2 U.S.C. §437g.                                       |
| Office<br>Use<br>Only   |   |  |   | C FORM 3X<br>Rev. 12/2004                                      |

#### 01/19/2012 19 : 26

| Image# | 1 | 29 | 50 | 1 | 7' | 19 | 6 | 1 |
|--------|---|----|----|---|----|----|---|---|
|--------|---|----|----|---|----|----|---|---|

| SUMMARY PAGE                  |
|-------------------------------|
| OF RECEIPTS AND DISBURSEMENTS |

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### Property Casualty Insurers Association of America Political Action Committee (PCI-PAC)

| R   | eport Covering the Period: From:   | 2 01 / Y Y Y Y<br>2 01 2011 | To: 12 31 / Y Y Y Y<br>12 31 2011 |
|-----|--|-----------------------------|-----------------------------------|
|     |  | COLUMN A<br>This Period     | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand<br>January 1, 2011  |                             | 85732.68                          |
|     | (b) Cash on Hand at<br>Beginning of Reporting Period   | 49343.27                    |                                   |
|     | (c) Total Receipts (from Line 19)  | 13948.22                    | 474682.87                         |
|     | <ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul> | 63291.49                    | 560415.55                         |
| 7.  | Total Disbursements (from Line 31)   | 16491.07                    | 513615.13                         |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 46800.42                    | 46800.42                          |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                     | 0.00                        |                                   |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

X

| Г   | DET             | AILED SUMMARY PAGE<br>of Receipts |                                     |
|---|-----------------|-----------------------------------|-------------------------------------|
| FEC Form 3X (Rev. 06/20   | 004)            |                                   | Page 3                              |
| Write or Type Committee Name  |                 |                                   |                                     |
| Property Casualty Insur   | ers Association | of America Political Action       | Committee (PCI-PAC)                 |
| Report Covering the Period:   | From: 12        | 01 / Y Y Y Y<br>01 2011           | To: 12 / D D / Y Y Y Y Y<br>31 2011 |
| I. Receipts   |                 | COLUMN A<br>Total This Period     | COLUMN B<br>Calendar Year-to-Date   |
| 11. Contributions (other than loans   |                 |                                   |                                     |
| <ul> <li>(a) Individuals/Persons Other<br/>Than Political Committees</li> </ul> |                 |                                   |                                     |
| (i) Itemized (use Schedu  |                 | 10552.05                          | 336124.54                           |
| (ii) Unitemized   |                 | 1490.32                           | 67851.53                            |
| (iii) TOTAL (add  |                 |                                   |                                     |
| Lines 11(a)(i) and (ii).  | ····· •         | 12042.37                          | 403976.07                           |
| (b) Political Party Committees  | 5               | 0.00                              | 0.00                                |
| (c) Other Political Committee   |                 | 0.00                              | 07050.00                            |
| (such as PACs)  |                 | 0.00                              | 67958.83                            |
| (d) Total Contributions (add L  |                 |                                   |                                     |
| 11(a)(iii), (b), and (c)) (Ca<br>Totals to Line 33, page 5                      |                 | 12042.37                          | 471934.90                           |
| 12. Transfers From Affiliated/Other   |                 |                                   |                                     |
| Party Committees  |                 | 0.00                              | 0.00                                |
|   |                 | 0.00                              |                                     |
| 13. All Loans Received  | L               | 0.00                              | 0.00                                |
| 14. Loan Repayments Received  |                 | 0.00                              | 0.00                                |
| 15. Offsets To Operating Expendit   |                 | 7 7 7 7                           | 7 7 7                               |
| (Refunds, Rebates, etc.)  |                 |                                   |                                     |
| (Carry Totals to Line 37, page  | 5)              | 405.85                            | 1247.97                             |
| 16. Refunds of Contributions Made   | e               |                                   |                                     |
| to Federal Candidates and Ot  | her             |                                   |                                     |
| Political Committees  |                 | 1500.00                           | 1500.00                             |
| 17. Other Federal Receipts  |                 |                                   |                                     |
| (Dividends, Interest, etc.)   |                 | 0.00                              | 0.00                                |
| 18. Transfers from Non-Federal ar   | nd Levin Funds  |                                   |                                     |
| (a) Non-Federal Account<br>(from Schedule H3)                                   |                 | 0.00                              | 0.00                                |
|   |                 |                                   | 0.00                                |
| (b) Levin Funds (from Schedu  | le H5)          | 0.00                              | 0.00                                |
| (c) Total Transfers (add 18(a)  | and 18(b)).     | 0.00                              | 0.00                                |
|   |                 |                                   | 0.00                                |
| 19. Total Receipts (add Lines 11(c  |                 |                                   |                                     |
| 12, 13, 14, 15, 16, 17, and 18  | B(c))►          | 13948.22                          | 474682.87                           |
| 20. Total Federal Receipts  | _               |                                   |                                     |
| (subtract Line 18(c) from Line  | 19) ►           | 13948.22                          | 474682.87                           |

Image# 12950171962

#### DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003)  |                               | Page 4                            |  |  |  |
|---|-------------------------------|-----------------------------------|--|--|--|
| II. Disbursements   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |  |
| Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)   |                               |                                   |  |  |  |
| (i) Federal Share   | 0.00                          | 0.00                              |  |  |  |
| (ii) Non-Federal Share  | 0.00                          | 0.00                              |  |  |  |
| (b) Other Federal Operating<br>Expenditures   | 241.07                        | 2065.13                           |  |  |  |
| (c) Total Operating Expenditures  |                               |                                   |  |  |  |
| (add 21(a)(i), (a)(ii), and (b))  | 241.07                        | 2065.13                           |  |  |  |
| Committees<br>Contributions to  | 0.00                          | 0.00                              |  |  |  |
| Federal Candidates/Committees<br>and Other Political Committees                               | 15750.00                      | 495000.00                         |  |  |  |
| Independent Expenditures<br>(use Schedule E)  | 0.00                          | 0.00                              |  |  |  |
| (use Schedule E)<br>Coordinated Party Expenditures<br>(2 U.S.C. §441a(d))<br>(use Schedule F) | 0.00                          | 0.00                              |  |  |  |
| Loan Repayments Made  | 0.00                          | 0.00                              |  |  |  |
| Loans Made  | 0.00                          | 0.00                              |  |  |  |
| Refunds of Contributions To:<br>(a) Individuals/Persons Other<br>Than Political Committees    | 0.00                          | 100.00                            |  |  |  |
|   |                               |                                   |  |  |  |
| <ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>       | <u> </u>                      | 0.00                              |  |  |  |
| (such as PACs)  | 0.00                          | 0.00                              |  |  |  |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c))                             | 0.00                          | 100.00                            |  |  |  |
| Other Disbursements   | 500.00                        | 16450.00                          |  |  |  |
| Federal Election Activity (2 U.S.C. §431(20<br>(a) Allocated Federal Election Activity        | )))                           |                                   |  |  |  |
| (from Schedule H6)<br>(i) Federal Share   | 0.00                          | 0.00                              |  |  |  |
| (ii) "Levin" Share  | 0.00                          | 0.00                              |  |  |  |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds                             | 0.00                          | 0.00                              |  |  |  |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶            | 0.00                          | 0.00                              |  |  |  |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))            | 16491.07                      | 513615.13                         |  |  |  |
| Total Federal Disbursements   |                               |                                   |  |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)                                  | 16491.07                      | 513615.13                         |  |  |  |

L

#### DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Expenditures   |          |           |  |
|---|----------|-----------|--|
| <ol> <li>Total Contributions (other than loans)<br/>(from Line 11(d), page 3)</li> </ol>        | 12042.37 | 471934.90 |  |
| <ol> <li>Total Contribution Refunds         (from Line 28(d))     </li> </ol>                   | 0.00     | 100.00    |  |
| 5. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33)                      | 12042.37 | 471834.90 |  |
| <ol> <li>Total Federal Operating Expenditures<br/>(add Line 21(a)(i) and Line 21(b))</li> </ol> | 241.07   | 2065.13   |  |
| <ol> <li>Offsets to Operating Expenditures<br/>(from Line 15, page 3)</li> </ol>                | 405.85   | 1247.97   |  |
| 3. Net Operating Expenditures<br>(subtract Line 37 from Line 36)                                | -164.78  | 817.16    |  |

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| IТ         |   | Use separate schedule(s) |   |                | (check only one)                  |           |              |                  |           |     |  |  |  |  |
|------------|---|--------------------------|---|----------------|-----------------------------------|-----------|--------------|------------------|-----------|-----|--|--|--|--|
| 11         |   |                          | for each category of the<br>Detailed Summary Page |                | < 11a<br>13                       | 11b       | 11c          |                  | 12<br>16  | 17  |  |  |  |  |
| Ar         | y information copied from such Reports and S<br>for commercial purposes, other than using the | Statements ma            | ay not be sold or used by any pe                  | erson          | for the                           | ourpose o | f soliciting | g con            | ntributio | ons |  |  |  |  |
| <u> </u>   | NAME OF COMMITTEE (In Full)   |                          |   |                |                                   |           |              |                  |           | 0.  |  |  |  |  |
| $\rangle$  | Property Casualty Insurers Ass  | ociation o               | f America Political Acti                          | on (           | Comm                              | nittee (I | PCI-PA       | AC)              |           |     |  |  |  |  |
| ~          | Full Name (Last, First, Middle Initial)<br>Ryan Albers  |                          |   |                | Date of                           | Beceint   |              |                  |           |     |  |  |  |  |
| А.         | Mailing Address 3416 Giles St   |                          |   | _              | Date of Receipt                   |           |              |                  |           |     |  |  |  |  |
|            |   |                          |   | 12 29 _ 2011 _ |                                   |           |              |                  |           |     |  |  |  |  |
|            | City  | State                    | Zip Code  |                | Transaction ID : 20120105132047-1 |           |              |                  |           |     |  |  |  |  |
|            | West Des Moines   | IA                       | 50265-4025  |                | Amount                            | of Each   | Receipt th   | nis Pe           | eriod     |     |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                    | С                        |   |                |                                   |           |              |                  | 36.4      | 40  |  |  |  |  |
|            | Name of Employer  | Occupation               |   |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | FBL Financial Group   | Commercia                | Agriculture Vice President                        |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Receipt For:  | Aggregate                | Year-to-Date ▼                                    |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Primary General   |                          |   | 11             |                                   |           |              |                  |           |     |  |  |  |  |
|            | Other (specify)   |                          | 401.00  |                |                                   |           |              |                  |           |     |  |  |  |  |
| B.         | Full Name (Last, First, Middle Initial)<br>Frank X. Altiere                                   |                          | Date of   | Receipt        |                                   |           |              |                  |           |     |  |  |  |  |
|            | Mailing Address 380 Sentry Pkwy   |                          |   |                |                                   | / D 01    | D / Y        | _20 <sup>-</sup> | у у<br>11 | Y   |  |  |  |  |
|            | City  | State Zip Code           |   |                |                                   |           | : 2011120    |                  |           |     |  |  |  |  |
|            | Blue Bell   | PA                       | 19422-2357  |                | Amount                            | of Each   | Receipt th   | nis Pe           | eriod     |     |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                    | С                        |   |                |                                   |           | 10.0         | 00               |           |     |  |  |  |  |
|            | Name of Employer  | Occupation               |   |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | PMA Insurance Group   | President P              | MAMC  |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Receipt For:  | Aggregate                | Year-to-Date 🔻                                    |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Primary General<br>Other (specify) ▼  |                          | , 230.00  |                |                                   |           |              |                  |           |     |  |  |  |  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Frank X. Altiere                                   |                          |   |                | Date of                           | Receipt   |              |                  |           |     |  |  |  |  |
|            | Mailing Address 380 Sentry Pkwy   |                          |   |                | M M<br>12                         | / D       |              | 20               | 11        | Y   |  |  |  |  |
|            | City  | State                    | Zip Code  |                | Trans                             | action ID | : 2011122    | 29115            | 5945-1    |     |  |  |  |  |
|            | Blue Bell   | PA                       | 19422-2357  |                | Amount                            | of Each   | Receipt th   | nis Pe           | eriod     |     |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                    | С                        |   |                |                                   | ,         | 7            |                  | 10.0      | 00  |  |  |  |  |
|            | Name of Employer  | Occupation               |   | $\neg$         |                                   |           |              |                  |           |     |  |  |  |  |
|            | PMA Insurance Group   | President P              | MAMC  |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Receipt For:  | Aggregate                | Year-to-Date ▼                                    |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Primary General   |                          |   |                |                                   |           |              |                  |           |     |  |  |  |  |
|            | Other (specify)   |                          | 230.00  | 1              |                                   |           |              |                  |           |     |  |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |                          |   | ▶<br>-         |                                   | 3         | 3            | _                | 56.4      | 0   |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 02/2003

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FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page                            | (check only one)       X     11a       11b     11c       12       13     14       15     16       17 |
|--|--|--|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r |  |  |
| NAME OF COMMITTEE (In Full) Property Casualty Insurers Assoc   | ciation of America Political Acti  | on Committee (PCI-PAC)   |
| Full Name (Last, First, Middle Initial)<br>A. James M. Ashley  |  | Date of Receipt  |
| Mailing Address 2300 Cabot Dr<br>Ste 200   |  | 12 09 2011   |
| City<br>Lisle  | StateZip CodeIL60532-4618  | Transaction ID : 20111229120151-1           Amount of Each Receipt this Period                       |
| FEC ID number of contributing federal political committee.   | С  | 10.00  |
| Name of Employer<br>Amerisure Companies  | Occupation<br>Claim Facility Manager   | _  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>260.00   |  |
| Full Name (Last, First, Middle Initial)<br>B. Kristina Baldwin   | Date of Receipt  |  |
| Mailing Address 24 Marquis Dr  |  | 12 15 2011   |
| City<br>Slingerlands   | State Zip Code<br>NY 12159-9310  | Transaction ID : 20111229161659-1<br>Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | С  | 30.00  |
| Name of Employer<br>PCI  | Occupation<br>Assistant Vice President, State Govern                         |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼ 300.00  |  |
| Full Name (Last, First, Middle Initial)<br>C. Kristina Baldwin   |  | Date of Receipt  |
| Mailing Address 24 Marquis Dr  |  | 12 31 2011   |
| City<br>Slingerlands   | StateZip CodeNY12159-9310  | Transaction ID : 20111230135541-1<br>Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | С  | 30.00  |
| Name of Employer   | Occupation   | _  |
| PCI<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Assistant Vice President, State Govern<br>Aggregate Year-to-Date ▼<br>300.00 |  |
| SUBTOTAL of Receipts This Page (optional)  | •  | 70.00  |

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

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| IT         | EMIZED RECEIPTS  |                            | for each category of the<br>Detailed Summary Page | (check     | 1a [                          | one)<br>11b<br>14         |    | 11c<br>15 |                 | 12<br>16  | 17 |  |  |
|------------|--|----------------------------|---|------------|-------------------------------|---------------------------|----|-----------|-----------------|-----------|----|--|--|
|            | y information copied from such Reports and S for commercial purposes, other than using the |                            |   |            |                               |                           |    |           |                 |           |    |  |  |
|            | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                             |                            |   |            |                               |                           |    |           |                 |           |    |  |  |
| Α.         | Full Name (Last, First, Middle Initial)<br>Keith Bateman                                   |                            |   | Dat        | Date of Receipt               |                           |    |           |                 |           |    |  |  |
|            | Mailing Address 765 Highland Ave   |                            |   |            | 12 15 Y Y Y Y Y<br>12 15 2011 |                           |    |           |                 |           |    |  |  |
|            | City<br>Glen Ellyn   | State<br>IL                | Zip Code<br>60137-3853                            |            |                               | <b>ction I</b><br>of Eacl |    |           |                 |           |    |  |  |
|            | FEC ID number of contributing federal political committee.                                 | С                          |   |            |                               | 7                         |    | 7         |                 | 10.00     |    |  |  |
|            | Name of Employer PCI   | Occupation<br>Vice Preside | ent, Workers Compensation                         |            |                               |                           |    |           |                 |           |    |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                  | Year-to-Date ▼<br>240.00                          |            |                               |                           |    |           |                 |           |    |  |  |
| в.         | Full Name (Last, First, Middle Initial)<br>Keith Bateman                                   | Dat                        | e of  | Receip     | t                             |                           |    |           |                 |           |    |  |  |
|            | Mailing Address 765 Highland Ave   |                            |   | 12 31 2011 |                               |                           |    |           |                 |           |    |  |  |
|            | City<br>Glen Ellyn   | State<br>IL                | Zip Code<br>60137-3853                            |            |                               | ction I<br>of Eacl        |    |           |                 |           |    |  |  |
|            | FEC ID number of contributing federal political committee.                                 | С                          |   |            |                               | 7                         |    |           |                 |           |    |  |  |
|            | Name of Employer<br>PCI  | Occupation<br>Vice Preside | ent, Workers Compensation                         |            |                               |                           |    |           |                 |           |    |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                  | Year-to-Date ▼<br>240.00                          |            |                               |                           |    |           |                 |           |    |  |  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Kay Bauslaugh                                   |                            |   | Dat        | e of                          | Receip                    | t  |           |                 |           |    |  |  |
|            | Mailing Address 26777 Halsted Rd   |                            |   | М          | 12                            | / D                       | 09 | / Y       | 20 <sup>2</sup> | у у<br>11 |    |  |  |
|            | City<br>Farmington Hills   | State<br>MI                | Zip Code<br>48331-3577                            |            |                               | <b>ction I</b><br>of Eacl |    |           |                 |           | _  |  |  |
|            | FEC ID number of contributing federal political committee.                                 |                            |   |            | 7                             |                           | 7  |           | 10.00           | ,         |    |  |  |
|            | Name of Employer   |                            |   |            |                               |                           |    |           |                 |           |    |  |  |
|            | Amerisure Companies<br>Receipt For:  | • • •                      |   |            |                               |                           |    |           |                 |           |    |  |  |
|            | Primary General<br>Other (specify) ▼   |                            |   |            |                               |                           |    |           |                 |           |    |  |  |
| s          | UBTOTAL of Receipts This Page (optional)   |                            | •••••   |            |                               | 7                         |    | 7         |                 | 30.00     |    |  |  |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|   |   |                     | Detailed Summary Page               |                                    | 11a                               |       | 11b      | 11c       |          | 12      |    |  |  |  |  |  |  |  |
|---|---|---------------------|-------------------------------------|------------------------------------|-----------------------------------|-------|----------|-----------|----------|---------|----|--|--|--|--|--|--|--|
|   |   |                     | y not be sold or used by any p      |                                    |                                   |       |          |           | g con    |         |    |  |  |  |  |  |  |  |
|   | •   | sing the name and a | ddress of any political committee   | e to sol                           | icit cor                          | ntrib | utions f | rom suc   | n con    | nmitte  | e. |  |  |  |  |  |  |  |
|   | · ,   | Association         | f America Political Act             | ion C                              | omm                               | nitt  | 00 (D    |           |          |         |    |  |  |  |  |  |  |  |
| Filipenty Ca                            | sually insurers                                 | ASSOCIATION         |                                     |                                    |                                   | mu    | сс (г    |           | 10)      |         |    |  |  |  |  |  |  |  |
| Full Name (Last, Daniel J. Behr         | First, Middle Initial)<br>r <b>ens</b>          |                     | Date of Receipt                     |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Mailing Address 5                       | 5954 Robin Rd                                   |                     | M M / D D / Y Y Y Y Y<br>12 29 2011 |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| City                                    |   | State               | Zip Code                            |                                    | Transaction ID : 20120105132047-3 |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Pleasant Hill                           |   | IA                  | 50327-2193                          | Amount of Each Receipt this Period |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| FEC ID number o<br>federal political co | 0   | С                   |                                     | 25.00                              |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Name of Employe                         |   |                     |                                     |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| FBL Financial Gro<br>Receipt For:       | up  | Claims Dire         |                                     | _                                  |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Primary                                 | General   | Aggregate           | Year-to-Date ▼                      |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Other (spec                             | ify) <b>▼</b>                                   |                     | 300.00                              | 4                                  |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Full Name (Last, I<br>B. Paul C. Blume  |   | Date of             | Re                                  | ceipt                              |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
|   | Mailing Address 430 W Sheridan PI               |                     |                                     |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| <u></u>                                 |   |                     | 7. 0. 1                             |                                    | 12                                |       | 15       |           | 201      |         |    |  |  |  |  |  |  |  |
| City                                    | City State Zip Code<br>Lake Bluff IL 60044-2327 |                     |                                     |                                    |                                   |       |          | 2011122   |          |         |    |  |  |  |  |  |  |  |
|   |   |                     |                                     |                                    |                                   |       |          | eceipt th | iis Pe   | eriod   |    |  |  |  |  |  |  |  |
| FEC ID number o<br>federal political co | 0   | C                   |                                     |                                    |                                   | _     | 7        |           | _        | 100.0   | 00 |  |  |  |  |  |  |  |
| Name of Employe                         | r   | Occupation          |                                     |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| PCI                                     |   | Senior Vice         | President, State Governmen          |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Receipt For:                            | General   | Aggregate           | Year-to-Date ▼                      |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Other (spec                             |   |                     | 3875.00                             | 11                                 |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
|   |   |                     |                                     |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Full Name (Last,<br>Paul C. Blum        | First, Middle Initial)<br>ne Jr.                |                     |                                     |                                    | Date of                           | Re    | ceipt    |           |          |         |    |  |  |  |  |  |  |  |
| Mailing Address 2                       | 430 W Sheridan Pl                               |                     |                                     |                                    | м м<br>12                         | /     | 31       | / Y       | y<br>201 | ү<br>11 | Y  |  |  |  |  |  |  |  |
| City                                    |   | State               | Zip Code                            |                                    | Trans                             | act   | ion ID : | 2011123   | 30135    | 5541-3  | 5  |  |  |  |  |  |  |  |
| Lake Bluff                              |   | IL                  | 60044-2327                          | /                                  | Amount                            | of    | Each R   | eceipt th | nis Pe   | eriod   |    |  |  |  |  |  |  |  |
| FEC ID number o<br>federal political co | 0   | C                   |                                     |                                    |                                   |       | 7        |           | _        | 75.     | 00 |  |  |  |  |  |  |  |
| Name of Employe                         | Name of Employer Occupation                     |                     |                                     |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| PCI                                     |   | Senior Vice         | President, State Governmen          |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Receipt For:                            |   | Aggregate           | Year-to-Date ▼                      |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Primary                                 | General   |                     | 3875.00                             | 11                                 |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| Other (spec                             | ITY) 🔻  |                     | 3675.00                             |                                    |                                   |       |          |           |          |         |    |  |  |  |  |  |  |  |
| SUBTOTAL of Rece                        | eipts This Page (option                         | onal)               |                                     |                                    |                                   |       | 7        |           |          | 200.0   | 00 |  |  |  |  |  |  |  |
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|----|--|-----------------------------|---|---|------------------|-------|---------------|-----------------|-------|----------------|-----|----|--|--|
| 11 | EMIZED RECEIPTS  |                             | for each category of the<br>Detailed Summary Page |   | X 11a            |       | 11b           | 11c             |       | 12             |     | 17 |  |  |
| A  | ny information copied from such Reports and S                  | tatements ma                | y not be sold or used by any pe                   | erson   | 13<br>for the    | e pur | 14<br>pose of | 15<br>solicitin | ig co | 16<br>ntributi | ons | 17 |  |  |
|    | for commercial purposes, other than using the                  | name and a                  | duress of any political committee                 | 10 5  | SOUCIL CO        | onuno | Jutions       | from suc        | ch cc | mmue           | e.  |    |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso | ociation o                  | f America Political Acti                          | on  | Com              | mitt  | ee (F         | PCI-P           | AC)   | )              |     |    |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>James P. Brannen    |                             |   |   | Date o           | of Re | eceipt        |                 |       |                |     |    |  |  |
|    | Mailing Address 3329 Waterberry Circle                         |                             |   |   | 12 29 2011       |       |               |                 |       |                |     |    |  |  |
|    | City<br>Waukee   | State<br>IA                 | Zip Code<br>50263-8151                            | Transaction ID : 20120105132047-4<br>Amount of Each Receipt this Period |                  |       |               |                 |       |                |     |    |  |  |
|    | FEC ID number of contributing federal political committee.     | С                           |   |   |                  |       | 7             | 7               |       | 45.            | 40  |    |  |  |
|    | Name of Employer<br>FBL Financial Group                        | Occupation<br>Chief Finan   | cial Officer and Chief Admi                       |   |                  |       |               |                 |       |                |     |    |  |  |
|    | Receipt For:   |                             | Year-to-Date ▼                                    |   |                  |       |               |                 |       |                |     |    |  |  |
|    | Primary General<br>Other (specify) ▼                           |                             | 500.00  |   |                  |       |               |                 |       |                |     |    |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>Kenton Brine        |                             |   |   | Date o           | of Re | eceipt        |                 |       |                |     |    |  |  |
|    | Mailing Address 1500 Water Street Southwest North              |                             |   |   |                  |       | 15            |                 |       | )<br>)<br>11   | Y   |    |  |  |
|    | City   | State                       | Zip Code  |   | Tran             | sacti | ion ID :      | 201112          | 2916  | 1659-4         |     |    |  |  |
|    | Olympia  | WA                          | 98501-2295  | _   | Amour            | nt of | Each F        | Receipt t       | his F | Period         |     |    |  |  |
|    | FEC ID number of contributing federal political committee.     | С                           |   |   |                  |       | 7             | 7               |       | 30.            | 00  |    |  |  |
|    | Name of Employer<br>PCI  | Occupation<br>Assistant Vie | ce President, State Govern                        |   |                  |       |               |                 |       |                |     |    |  |  |
|    | Receipt For:   |                             | Year-to-Date ▼                                    |   |                  |       |               |                 |       |                |     |    |  |  |
|    | Primary General<br>Other (specify) ▼                           |                             | 720.00  |   |                  |       |               |                 |       |                |     |    |  |  |
| -  | Full Name (Last, First, Middle Initial)<br>Kenton Brine        |                             |   |   | Date of          | of Be |               |                 |       |                |     |    |  |  |
| 0. | Mailing Address 1500 Water Street Southwest                    | North                       |   |   | 12               |       | 31            |                 |       | D11            | Y   |    |  |  |
|    | City   | State<br>WA                 | Zip Code  |   | Tran             |       | ion ID :      | 201112          | 3013  | 85541-4        | 4   |    |  |  |
|    | Olympia  | VVA                         | 98501-2295  | _   | Amour            | nt of | Each F        | Receipt t       | his F | Period         |     | _  |  |  |
|    | FEC ID number of contributing federal political committee.     | C                           |   |   |                  |       | ,             |                 |       | 30.            | 00  |    |  |  |
|    | Name of Employer   | Occupation                  |   |   |                  |       |               |                 |       |                |     |    |  |  |
|    | PCI  | Assistant Vi                | ce President, State Govern                        |   |                  |       |               |                 |       |                |     |    |  |  |
|    | Receipt For:   | Aggregate                   | Year-to-Date ▼                                    |   |                  |       |               |                 |       |                |     |    |  |  |
|    | Other (specify)  |                             | 720.00  |   |                  |       |               |                 |       |                |     |    |  |  |
| 5  | UBTOTAL of Receipts This Page (optional)                       |                             | ••••••  | <u> </u>  |                  |       | , .           |                 |       | 105.4          | 10  | ]  |  |  |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | Image: Concert only one)       Image: X 11a       11b       11c       12       13       14       15       16       17 |
|--|---|---|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may not be sold or used by any pe<br>e name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.                        |
| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Ass                                      | ociation of America Political Action  | on Committee (PCI-PAC)  |
| Full Name (Last, First, Middle Initial)           A.         Stephen Broadie                       |   | Date of Receipt   |
| Mailing Address 480 Florian Dr   |   | M M / D D / Y Y Y Y Y<br>12 15 2011   |
| City<br>Des Plaines  | State Zip Code<br>IL 60016-5716   | Transaction ID : 20111229161659-5<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer   | Occupation  | _   |
| PCI<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Vice President, Financial Policy         Aggregate Year-to-Date ▼         600.00              |   |
| Full Name (Last, First, Middle Initial) B. Stephen Broadie   |   | Date of Receipt   |
| Mailing Address 480 Florian Dr   |   | M M / D D / Y Y Y Y Y<br>12 31 2011   |
| City<br>Des Plaines  | State Zip Code<br>IL 60016-5716   | Transaction ID : 20111230135541-5   |
| FEC ID number of contributing federal political committee.   | C   | Amount of Each Receipt this Period  |
| Name of Employer<br>PCI  | Occupation<br>Vice President, Financial Policy  | _   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>600.00  |   |
| Full Name (Last, First, Middle Initial)<br>C. Kristee Ann Buff                                     |   | Date of Receipt   |
| Mailing Address 1350 E Siler Pkwy  |   | M M / D D / Y Y Y Y Y<br>12 16 2011   |
| City<br>Springfield  | StateZip CodeMO65804-2566   | Transaction ID : 20111230113602-1<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer   | Occupation  | _   |
| American National Property and Casualt<br>Receipt For:<br>Primary General                          | Assistant Vice President, Human Resour<br>Aggregate Year-to-Date ▼                            |   |
| Other (specify)  | 300.00  |   |
| SUBTOTAL of Receipts This Page (optional)  | •••••   | 75.00   |

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|             | EIMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page                    |                     | 11a                 | 1                 | 1b              | 11c                    | 12                 | !              |           |  |  |
|-------------|--|--|--|---------------------|---------------------|-------------------|-----------------|------------------------|--------------------|----------------|-----------|--|--|
|             |  |  |  |                     | 13                  | 1                 | 4               | 15                     | 16                 | <b>;</b>       | 17        |  |  |
| An<br>or    | y information copied from such Reports and for commercial purposes, other than using the | Statements ma<br>le name and a   | ay not be sold or used by any p<br>ddress of any political committee | erson f<br>e to sol | or the<br>licit cor | purpo<br>ntributi | se of<br>ions f | soliciting<br>rom such | ו contri<br>ר comr | butio<br>nitte | ons<br>e. |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |  |  |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Property Casualty Insurers Ass   | sociation c  | f America Political Act  | ion C               | comn                | nitte             | e (P            | CI-PA                  | ιC)                |                |           |  |  |
| Α.          | Full Name (Last, First, Middle Initial)<br>Tony Burbank                                  |  |  |                     | Date of             | f Rece            | eipt            |                        |                    |                |           |  |  |
|             | Mailing Address 26777 Halsted Rd   |  |  |                     | м м<br>12           | /                 | 0 • • 0<br>09   | / Y                    | 2011               |                | Y         |  |  |
|             | City   | State  | Zip Code   |                     |                     |                   |                 | 2011122                |                    |                | j         |  |  |
|             | Farmington Hills   | MI   | 48331-3577   | /                   | Amount              | t of Ea           | ach R           | eceipt th              | is Peri            | od             |           |  |  |
|             | FEC ID number of contributing federal political committee.                               | С  |  |                     |                     |                   |                 | 7                      |                    | 10.0           | 00        |  |  |
|             | Name of Employer   | Occupation   |  |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Amerisure Companies  | Facilities/Pu  | urchasing Manager  |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Receipt For:<br>Primary General  | Aggregate  | Year-to-Date ▼   |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Other (specify) ▼  |  | 260.00   |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Full Name (Last, First, Middle Initial)<br>Pamela A. Burgess                             | 1  |  |                     | Date of             | f Rece            | eipt            |                        |                    |                |           |  |  |
|             | Mailing Address 2604 Eton Cross Rd   |  |  | M M                 | /                   | D D               | / Y             | Y                      | Y                  | Y              |           |  |  |
|             |  |  |  | 12 09 2011          |                     |                   |                 |                        |                    |                |           |  |  |
|             | City   | State  | Zip Code   |                     |                     |                   |                 | 2011122                |                    |                |           |  |  |
|             | Royal Oak  | MI   | 48073-3723   | /                   | Amount              | t of Ea           | ach R           | eceipt th              | is Peri            | od             |           |  |  |
|             | FEC ID number of contributing federal political committee.                               | ů – Elektrik – Elektri |  |                     |                     |                   |                 |                        |                    | 20.0           | )0        |  |  |
|             | Name of Employer   | Occupation   |  |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Amerisure Companies  | Vice Presid  | ent Strategic Process Desig  |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Receipt For:   | Aggregate  | Year-to-Date 🔻   |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Primary General  |  | 500.00   | 11                  |                     |                   |                 |                        |                    |                |           |  |  |
|             | Other (specify)  |  | 520.00   |                     |                     |                   |                 |                        |                    |                |           |  |  |
| C.          | Full Name (Last, First, Middle Initial)<br>Bruce K. Cain                                 |  |  | [                   | Date of             | f Rece            | eipt            |                        |                    |                |           |  |  |
|             | Mailing Address 2687 S Racine Ct   |  |  |                     | м м<br>12           | /                 | D D<br>29       | / Y                    | 2011               |                | Y         |  |  |
|             | City   | State  | Zip Code   |                     | Trans               | actio             | n ID :          | 2012010                | 51320              | 47-7           | ,         |  |  |
|             | Gilbert  | AZ   | 85295-1446   | /                   | Amount              | t of Ea           | ach R           | eceipt th              | is Peri            | od             |           |  |  |
|             | FEC ID number of contributing federal political committee.                               | С  |  |                     |                     | 9                 |                 | 7                      |                    | 20.0           | 00        |  |  |
|             | Name of Employer   | Occupation   |  |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | FBL Financial Group  | Business C   | enter Leader   |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Receipt For:   | Aggregate  | Year-to-Date ▼   |                     |                     |                   |                 |                        |                    |                |           |  |  |
|             | Primary General  |  |  | 11                  |                     |                   |                 |                        |                    |                |           |  |  |
|             | Other (specify)  |  | 240.00   |                     |                     |                   |                 |                        |                    |                |           |  |  |
| s           | UBTOTAL of Receipts This Page (optional)   |  |  |                     |                     | - 1               |                 |                        | +                  | 50.0           | 0         |  |  |
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|                | EMIZED RECEIPIS  |                            | Detailed Summary Page       |      | 11a                                 |      | 11b      | 11c        |       | 12       |    |  |  |
|----------------|--|----------------------------|-----------------------------|------|-------------------------------------|------|----------|------------|-------|----------|----|--|--|
|                |  |                            |                             |      | 13                                  |      | 14       | 15         |       | 16       | 17 |  |  |
|                | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |                            |                             |      |                                     |      |          |            |       |          |    |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |                            |                             |      |                                     |      |          |            |       |          |    |  |  |
| $\rangle$      | Property Casualty Insurers Asso  | ciation o                  | f America Political Acti    | on C | Comr                                | nitt | ee (F    | PCI-PA     | 4C)   |          |    |  |  |
| A.             | Full Name (Last, First, Middle Initial)<br>Kelly Campbell  |                            |                             |      | Date of                             | Re   | ceipt    |            |       |          |    |  |  |
|                | Mailing Address 228 Sugarbin Ct  |                            |                             |      | M M / D D / Y Y Y Y Y<br>12 15 2011 |      |          |            |       |          |    |  |  |
|                | City   | State                      | Zip Code                    |      | Trans                               | acti | ion ID : | 2011122    | 2916  | 1659-    | 6  |  |  |
|                | Longmont   | CO                         | 80501-9715                  | /    | Amount                              | of   | Each F   | Receipt th | nis F | Period   |    |  |  |
|                | FEC ID number of contributing federal political committee.                                       | С                          |                             |      |                                     |      | 7        | 7          |       | 20.      | 00 |  |  |
|                | Name of Employer   | Occupation                 | 1                           | -    |                                     |      |          |            |       |          |    |  |  |
|                | PCI  | Vice Preside               | ent, State Government Relat |      |                                     |      |          |            |       |          |    |  |  |
|                | Receipt For:   | Aggregate                  | Year-to-Date ▼              |      |                                     |      |          |            |       |          |    |  |  |
|                | Primary General<br>Other (specify) ▼   |                            | 480.00                      |      |                                     |      |          |            |       |          |    |  |  |
| В.             | Full Name (Last, First, Middle Initial)<br>Kelly Campbell  |                            |                             |      | Date of                             | Re   | ceipt    |            |       |          |    |  |  |
| -              | Mailing Address 228 Sugarbin Ct  |                            |                             |      | M M                                 | /    | DE       | ) / Y      | Y     | Y        | Y  |  |  |
|                |  |                            |                             |      | 12                                  |      | 31       |            | 20    | 011      |    |  |  |
|                | City   | State                      | Zip Code                    |      |                                     |      |          | 2011123    |       |          | 5  |  |  |
|                | Longmont   | CO                         | 80501-9715                  | /    | Amount                              | of   | Each F   | Receipt th | nis F | eriod    |    |  |  |
|                | FEC ID number of contributing federal political committee.                                       | С                          |                             |      |                                     |      | 7        | 7          |       | 20.      | 00 |  |  |
|                | Name of Employer<br>PCI  | Occupation<br>Vice Preside | ent, State Government Relat |      |                                     |      |          |            |       |          |    |  |  |
|                | Receipt For:   | Aggregate                  | Year-to-Date ▼              |      |                                     |      |          |            |       |          |    |  |  |
|                | Primary General<br>Other (specify) ▼   |                            | 480.00                      |      |                                     |      |          |            |       |          |    |  |  |
| С.             | Full Name (Last, First, Middle Initial)<br>William G. Carney                                     |                            |                             |      | Date of                             | Re   | ceipt    |            |       |          |    |  |  |
|                | Mailing Address 380 Sentry Pkwy  |                            |                             |      | м м<br>12                           | /    | 01       |            |       | ү<br>)11 | Y  |  |  |
|                | City<br>Plue Poll  | State<br>PA                | Zip Code                    |      |                                     |      |          | 2011120    |       |          | 2  |  |  |
|                | Blue Bell  | FA                         | 19422-2357                  | /    | Amount                              | of   | Each F   | Receipt th | nis F | Period   |    |  |  |
|                | FEC ID number of contributing federal political committee.                                       | С                          |                             |      |                                     |      | 7        | ,          |       | 10       | 00 |  |  |
|                | Name of Employer   | Occupation                 |                             |      |                                     |      |          |            |       |          |    |  |  |
|                | PMA Insurance Group  | Vice Presid                | ent, Underwriting           |      |                                     |      |          |            |       |          |    |  |  |
|                | Receipt For:   | Aggregate                  | Year-to-Date ▼              |      |                                     |      |          |            |       |          |    |  |  |
|                | Primary General  |                            | 230.00                      |      |                                     |      |          |            |       |          |    |  |  |
|                | Other (specify)  |                            | 230.00                      |      |                                     |      |          |            |       |          |    |  |  |
|                | UBTOTAL of Receipts This Page (optional)   |                            | · · ·                       |      |                                     |      | 5        |            |       | 50.      | 00 |  |  |
| L t            | <b>OTAL</b> This Period (last page this line number o  | miy)                       | ••••••                      | •    |                                     |      | 7        |            |       | 1        | _  |  |  |

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| IT.   |   |   | Use separate schedule(s)  | (0              | heck only   | on o  | e)            |            |               |               |          |
|---|---|---|---|-----------------|-------------|-------|---------------|------------|---------------|---------------|----------|
| ITEMIZED RECEIPTS for each category of the<br>Detailed Summary Page |   | X 11a   |   | 11b<br>14       | 11c         |       | 12<br>16      | 17         |               |               |          |
| Ar<br>or  | ny information copied from such Reports and s<br>for commercial purposes, other than using th | Statements ma<br>e name and a   | ay not be sold or used by any pe<br>ddress of any political committee | ersoi<br>e to : | n for the   | purp  | ose of        | soliciting | g coi<br>h co | ntributi      | ons      |
|   | NAME OF COMMITTEE (In Full)   |   |   |                 |             |       |               |            |               |               |          |
| $\left \right\rangle$   | Property Casualty Insurers Ass  | ociation o  | f America Political Acti  | on              | Comm        | nitte | ee (P         | PCI-PA     | AC)           |               |          |
| Α.  | Full Name (Last, First, Middle Initial)<br>William G. Carney                                  |   |   |                 | Date of     | Red   | ceipt         |            |               |               |          |
|   | Mailing Address 380 Sentry Pkwy   |   |   |                 | M M         | /     | DD            | ) / Y      |               | Y             | Y        |
|   | City  | State   | Zip Code  |                 | 12<br>Trans | activ | 15<br>00 ID - | 2011122    |               | 011<br>5045-2 | ,        |
|   | Blue Bell   | PA  | 19422-2357  | _               |             |       |               | Receipt th |               |               | <u>.</u> |
|   | FEC ID number of contributing federal political committee.                                    | С   |   |                 |             |       | ,             |            |               | 10.           | 00       |
|   | Name of Employer  | Occupation  |   |                 |             |       |               |            |               |               |          |
|   | PMA Insurance Group   | Vice Presid   | ent, Underwriting   |                 |             |       |               |            |               |               |          |
|   | Receipt For:  | Aggregate   | Year-to-Date ▼  |                 |             |       |               |            |               |               |          |
|   | Primary General<br>Other (specify) ▼  |   | 230.00  |                 |             |       |               |            |               |               |          |
| В.  | Full Name (Last, First, Middle Initial)<br>Becky S. Chapa                                     |   |   |                 | Date of     | Red   | ceipt         |            |               |               |          |
|   | Mailing Address 26777 Halsted Rd  |   |   |                 | M M         | /     | 09            | / Y        |               | )<br>11       | Y        |
|   | City  | State   | Zip Code  |                 | Trans       | actio | on ID :       | 2011122    | 2912          | 0151-5        | ;        |
|   | Farmington Hills  | MI  | 48331-3577  |                 | Amount      | of E  | Each R        | Receipt th | his P         | eriod         |          |
|   | FEC ID number of contributing federal political committee.                                    | ů – Elektrik |   |                 |             |       | ,             | 7          |               | 15.(          | 00       |
|   | Name of Employer<br>Amerisure Companies   | Occupation<br>Senior Mark   | ceting Underwriter  |                 |             |       |               |            |               |               |          |
|   | Receipt For:  |   | Year-to-Date ▼  |                 |             |       |               |            |               |               |          |
|   | Primary General<br>Other (specify) ▼  |   | 390.00  |                 |             |       |               |            |               |               |          |
| <u>с</u> .  | Full Name (Last, First, Middle Initial)<br>Janet A. Clark                                     |   |   |                 | Date of     | Red   | ceipt         |            |               |               |          |
|   | Mailing Address 1432 N Rockingham Ave   |   |   |                 | м м<br>12   | /     | 16            | ) / Y      |               | )<br>11       | Y        |
|   | City  | State   | Zip Code  |                 | Trans       | acti  | on ID :       | 201112     | 3011          | 3602-2        | 2        |
|   | Nixa  | MO  | 65714-7649  |                 | Amount      | of E  | Each R        | Receipt th | his P         | eriod         |          |
|   | FEC ID number of contributing federal political committee.                                    | ě (   |   |                 |             |       | ,             | 7          |               | 25.           | 00       |
|   | Name of Employer  | Occupation  |   |                 |             |       |               |            |               |               |          |
|   | American National Property and Casualt  | Vice Presid   | ent - Underwriting Services   |                 |             |       |               |            |               |               |          |
|   | Receipt For:<br>Primary General   | Aggregate Year-to-Date ▼  |   |                 |             |       |               |            |               |               |          |
|   | Other (specify)   |   | 300.00  |                 |             |       |               |            |               |               |          |
| s   | <b>SUBTOTAL</b> of Receipts This Page (optional)  |   | •   | <u> </u>        |             |       | 7             |            |               | 50.0          | 00       |

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| ••           |   |                | Detailed Summary Page      |                   | <b>K</b> 11a                       |       | 11b     | 11c        |                 | 12                 |    |  |  |  |
|--------------|---|----------------|----------------------------|-------------------|------------------------------------|-------|---------|------------|-----------------|--------------------|----|--|--|--|
|              |   |                |                            |                   | 13                                 |       | 14      | 15         |                 | 16                 | 17 |  |  |  |
|              | y information copied from such Reports and<br>for commercial purposes, other than using |                |                            |                   |                                    |       |         |            |                 |                    |    |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                |                            |                   |                                    |       |         |            | _               |                    |    |  |  |  |
|              | Property Casualty Insurers As   | ssociation c   | of America Political Act   | ion               | Comr                               | nit   | tee (I  | PCI-PA     | AC)             |                    |    |  |  |  |
|              | Full Name (Last, First, Middle Initial)   |                |                            |                   |                                    |       |         |            |                 |                    |    |  |  |  |
| Α.           | <b>,</b>  |                |                            |                   | Date o                             | f Re  | eceipt  |            |                 |                    |    |  |  |  |
|              | Mailing Address 140 Fountain Parkway Bou  | Ilevard Sui    |                            | 12 09 / Y Y Y Y Y |                                    |       |         |            |                 |                    |    |  |  |  |
|              | City  | State          | Zip Code                   |                   | Trans                              | sact  | tion ID | : 2011122  | 29120           | )151- <del>(</del> | ;  |  |  |  |
|              | St. Petersburg  | FL             | 33716                      |                   | Amoun                              | t of  | Each    | Receipt th | nis Pe          | eriod              |    |  |  |  |
|              | FEC ID number of contributing federal political committee.                              | ş              |                            |                   |                                    |       |         | 10         |                 |                    |    |  |  |  |
|              | Name of Employer  | Occupation     | I                          |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Amerisure Companies   | Vice Presid    | ent                        |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Receipt For:  | Aggregate      | Year-to-Date ▼             |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Primary General   |                |                            | 11.               |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Other (specify)   |                | 260.00                     |                   |                                    |       |         |            |                 |                    |    |  |  |  |
| в.           | Full Name (Last, First, Middle Initial)<br>Brett L. Clausen                             |                |                            |                   | Date o                             | of Re | eceipt  |            |                 |                    |    |  |  |  |
|              | Mailing Address 12955 E Mercer Ln   |                |                            |                   | M M                                | /     | 29      |            | 20 <sup>-</sup> | т<br>11            | Y  |  |  |  |
|              | City  | State Zip Code |                            |                   |                                    |       |         |            |                 | 2047-8             | ;  |  |  |  |
|              | Scottsdale  | AZ             | 85259-4416                 |                   | Amount of Each Receipt this Period |       |         |            |                 |                    |    |  |  |  |
|              | FEC ID number of contributing federal political committee.                              | С              |                            |                   |                                    |       | 7       | 7          |                 | 50.0               | 00 |  |  |  |
|              | Name of Employer  | Occupation     | l                          |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | FBL Financial Group   | Business U     | nit Vice President         |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼                                    | Aggregate      | Year-to-Date ▼<br>600.00   | ]                 |                                    |       |         |            |                 |                    |    |  |  |  |
| <u> </u>     | Full Name (Last, First, Middle Initial)<br>John M. Cochrane                             |                |                            |                   | Date o                             | of Re | eceipt  |            |                 |                    |    |  |  |  |
|              | Mailing Address 380 Sentry Pkwy   |                |                            |                   | M M                                | /     | 01      |            | _20             | 11                 | Y  |  |  |  |
|              | City  | State          | Zip Code                   |                   | Trans                              | sac   | tion ID | : 2011120  |                 | 1. A 1.            | 3  |  |  |  |
|              | Blue Bell   | PA             | 19422-2357                 |                   | Amoun                              | t of  | Each    | Receipt th | nis Pe          | eriod              |    |  |  |  |
|              | FEC ID number of contributing federal political committee.                              | C              |                            |                   |                                    |       | 10.     | 00         |                 |                    |    |  |  |  |
|              | Name of Employer  | Occupation     | 1                          |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | PMA Insurance Group   | Senior Vice    | President and Chief Financ |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Receipt For:  | Aggregate      | Year-to-Date ▼             |                   |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Primary General   | 3331.0         |                            | 11.               |                                    |       |         |            |                 |                    |    |  |  |  |
|              | Other (specify)   |                | 230.00                     |                   |                                    |       |         |            |                 |                    |    |  |  |  |
| Г            |   |                |                            |                   |                                    | -     |         |            | -               |                    | _  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |                |                            |                   | L.                                 |       | 7       | - 7        |                 | 70.0               | )0 |  |  |  |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| •••          |   |                            | Detailed Summary Page      |            | 11a                             |      | 11b      | 11c                          |            | 12     |   |  |  |
|--------------|---|----------------------------|----------------------------|------------|---------------------------------|------|----------|------------------------------|------------|--------|---|--|--|
|              |   |                            |                            |            | 13                              |      | 14       | 15                           |            | 16     | 17  |  |  |
|              | ny information copied from such Reports and Si<br>for commercial purposes, other than using the |                            |                            |            |                                 |      |          |                              |            |        |   |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                            |                            |            |                                 | •••• |          |                              |            |        |   |  |  |
|              | Property Casualty Insurers Asso   | ociation o                 | f America Political Acti   | on C       | comn                            | nitt | ee (F    | PCI-PA                       | ۱C)        |        |   |  |  |
| Α.           | Full Name (Last, First, Middle Initial)<br>John M. Cochrane                                     |                            |                            |            | Date of Receipt                 |      |          |                              |            |        |   |  |  |
|              | Mailing Address 380 Sentry Pkwy   |                            |                            | 12 15 2011 |                                 |      |          |                              |            |        |   |  |  |
|              | City  | State                      | Zip Code                   |            | Trans                           | act  | ion ID : | 2011122                      | <u>911</u> | 5945-3 | 3   |  |  |
|              | Blue Bell   | PA                         | 19422-2357                 | /          | Amount                          | t of | Each F   | Receipt th                   | is P       | eriod  |   |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С                          |                            |            |                                 |      | , .      |                              | _          | 10.    | 00  |  |  |
|              | Name of Employer  | Occupation                 |                            |            |                                 |      |          |                              |            |        |   |  |  |
|              | PMA Insurance Group   | Senior Vice                | President and Chief Financ |            |                                 |      |          |                              |            |        |   |  |  |
|              | Receipt For:  | Aggregate                  | Year-to-Date 🔻             |            |                                 |      |          |                              |            |        |   |  |  |
|              | Other (specify)   |                            | 230.00                     |            |                                 |      |          |                              |            |        |   |  |  |
| в.           | Full Name (Last, First, Middle Initial)<br>Anne Marie Conron-May                                |                            |                            |            | Date of                         | Re   | eceipt   |                              |            |        |   |  |  |
|              | Mailing Address 1743 Sand Hollow Ln   |                            |                            | м м<br>12  | 1                               | 09   |          | ү<br>20                      | )11        | Y      |   |  |  |
|              | City  | State                      | Zip Code                   |            | Trans                           | acti | ion ID : | 2011122                      | 912        | 0151-7 | 7   |  |  |
|              | Palm Harbor   | FL                         | 34683-4832                 | /          | Amount                          | t of | Each F   | Receipt th                   | is P       | eriod  |   |  |  |
|              | FEC ID number of contributing federal political committee.                                      | ů.                         |                            |            |                                 |      | 7        | 7                            | _          | 10.    | 00  |  |  |
|              | Name of Employer<br>Amerisure Companies   | Occupation<br>Assistant Vi | ce President               |            |                                 |      |          |                              |            |        |   |  |  |
|              | Receipt For:<br>Primary General   | Aggregate                  | Year-to-Date ▼             |            |                                 |      |          |                              |            |        |   |  |  |
|              | Other (specify)   |                            | 260.00                     |            |                                 |      |          |                              |            |        |   |  |  |
| C.           | Full Name (Last, First, Middle Initial) Janet Davenport   |                            |                            |            | Date of                         | Re   | eceipt   |                              |            |        |   |  |  |
|              | Mailing Address 26777 Halsted Rd  |                            |                            |            | <sup>M</sup> <sup>M</sup><br>12 | /    | 09       |                              |            | )11    | Y   |  |  |
|              | City<br>Farmington Hills  | State<br>MI                | Zip Code<br>48331-3577     |            |                                 |      |          | <b>2011122</b><br>Receipt th |            |        | 8   |  |  |
|              | FEC ID number of contributing   |                            |                            | -          | anount                          | . 01 |          | iocorpt li                   | 13 1       |        |   |  |  |
|              | federal political committee.  | C                          |                            |            |                                 | -    | 7        |                              | -          | 8.     | .00   |  |  |
|              | Name of Employer  | Occupation                 |                            | 7          |                                 |      |          |                              |            |        |   |  |  |
|              | Amerisure Companies   | Supervisor,                | Clerical III               |            |                                 |      |          |                              |            |        |   |  |  |
|              | Receipt For:<br>Primary General   | Aggregate                  | Year-to-Date ▼             |            |                                 |      |          |                              |            |        |   |  |  |
|              | Other (specify)   |                            | 208.00                     |            |                                 |      |          |                              |            |        |   |  |  |
|              | UBTOTAL of Receipts This Page (optional)  |                            |                            |            | -                               |      |          |                              | -          | 28.0   | 00  |  |  |
|              | OTAL This Period (last page this line number of   |                            |                            | •<br>-     |                                 | ÷    | 7        | 7                            | +          |        | 뉙   |  |  |
| 1 *          | e inio i onou (nuor pago uno number (   | ···· <i>y</i> /·····       | ····· •                    | -          |                                 | 1.00 | 7        |                              | al and     | 1      | - International |  |  |

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|-----------|---|---------------------------------------|---|--------------------|-----------|---------------|-----------|---------------------|--------------|-----------|-------|
| 11        | EMIZED RECEIPTS   |                                       | for each category of the<br>Detailed Summary Page                         |                    | 11a<br>13 |               | 11b<br>14 | 11c                 |              | 12<br>16  | 17    |
| Ar        | ny information copied from such Reports and for commercial purposes, other than using the | Statements ma                         | L<br>ay not be sold or used by any p<br>ddress of any political committee | erson f<br>erson f | for the   | purp<br>ntrib | pose of   | solicitin           | g con        | ntributio | ons   |
| $\square$ | NAME OF COMMITTEE (In Full)   |                                       |   |                    |           |               |           |                     |              |           |       |
|           | Property Casualty Insurers As   | sociation o                           | f America Political Act   | ion C              | Comn      | nitt          | ee (F     | PCI-P/              | ۹C)          |           |       |
| Α.        | Full Name (Last, First, Middle Initial)<br>Mark Davey                                     |                                       |   |                    | Date of   | Re            | ceipt     |                     |              |           |       |
|           | Mailing Address 4905 Belfort Rd   |                                       |   |                    | M M       | /             | D I       | D / Y               | Y            | Y         | Y     |
|           | Ste 110   |                                       |   |                    | 12        |               | 16        | _ L                 | 20           | 11        |       |
|           | City<br>Jacksonville  | State<br>FL                           | Zip Code<br>32256-6007  |                    |           |               |           | EB9D52<br>Receipt t |              |           | 3ECDD |
|           | FEC ID number of contributing federal political committee.                                |                                       |   |                    |           | 9             | 7         | 2                   | 2800.0       | 00        |       |
|           | Name of Employer  | Occupation                            |   |                    |           |               |           |                     |              |           |       |
|           | Fidelity National Group   | President a                           | nd Chief Executive Officer  |                    |           |               |           |                     |              |           |       |
|           | Receipt For:  | Aggregate                             | Year-to-Date ▼  |                    |           |               |           |                     |              |           |       |
|           | Primary General<br>Other (specify) ▼  |                                       | 2800.00   |                    |           |               |           |                     |              |           |       |
| в.        | Full Name (Last, First, Middle Initial)<br>Harry Dell                                     |                                       |   |                    | Date of   | Re            | ceipt     |                     |              |           |       |
|           | Mailing Address 15490 101st Ave N   |                                       |   |                    | M M       | /             | 02        |                     | _201         | Y 1       | Y     |
|           | City  | State                                 | Zip Code  |                    | Trans     | acti          | on ID :   | 2011122             | <u>29110</u> | 722-1     |       |
|           | Maple Grove   | MN                                    | 55369-9725  | /                  | Amount    | of            | Each F    | Receipt t           | his Pe       | əriod     |       |
|           | FEC ID number of contributing federal political committee.                                | С                                     |   | · · · · · ·        |           |               |           |                     | _            | 23.0      | )8    |
|           | Name of Employer<br>Austin Mutual Insurance Company                                       | Occupation<br>First Vice P            |   |                    |           |               |           |                     |              |           |       |
|           | Receipt For:  |                                       | Year-to-Date ▼  | _                  |           |               |           |                     |              |           |       |
|           | Primary General<br>Other (specify) ▼  |                                       | 553.92  |                    |           |               |           |                     |              |           |       |
| <u> </u>  | Full Name (Last, First, Middle Initial)<br>Harry Dell                                     |                                       |   |                    | Date of   | Re            | ceipt     |                     |              |           |       |
|           | Mailing Address 15490 101st Ave N   |                                       |   |                    | м м<br>12 | /             | 16        |                     | _201         | ү<br>11   | Y     |
|           | City  | State                                 | Zip Code  |                    |           | acti          |           | 201112              |              |           |       |
|           | Maple Grove   | MN                                    | 55369-9725  |                    | Amount    | of            | Each F    | Receipt t           | his Pe       | əriod     |       |
|           | FEC ID number of contributing federal political committee.                                | e e e e e e e e e e e e e e e e e e e |   |                    |           |               | 7         | 7                   |              | 23.0      | 08    |
|           | Name of Employer  | Occupation                            | 1   |                    |           |               |           |                     |              |           |       |
|           | Austin Mutual Insurance Company   | First Vice P                          | resident  |                    |           |               |           |                     |              |           |       |
|           | Receipt For:  | General Aggregate Year-to-Date ▼      |   |                    |           |               |           |                     |              |           |       |
|           | Other (specify)   |                                       | 553.92  |                    |           |               |           |                     |              |           |       |
| s         | UBTOTAL of Receipts This Page (optional)  |                                       |   |                    |           |               | 7         |                     | 2            | 2846.1    | 6     |

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| ITEMIZED RECEIPTS  |              | Use separate schedule(s)                          | (check o     | nly one)  |                 |             |        |
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| IILIVIIZED NEGEIFIS  |              | for each category of the<br>Detailed Summary Page | X 11a        | 11        |                 | 12          | 17     |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |              |   | erson for th | e purpos  | e of soliciti   | ng contribu | utions |
| NAME OF COMMITTEE (In Full)  |              |   | _            |           |                 |             |        |
| ight angle Property Casualty Insurers As   | sociation c  | f America Political Acti                          | on Com       | mittee    | e (PCI-P        | AC)         |        |
| Full Name (Last, First, Middle Initial)  |              |   |              | ( D )     |                 |             |        |
| A. Jean Demas<br>Mailing Address 2839 Saint Anton Ct   |              |   | -            | of Recei  | ·               |             |        |
| Maining Address 2059 Saint Anton Ct  |              |   | 12           |           | 15              | 2011        | Y      |
| City   | State        | Zip Code  | Trai         | nsaction  | ID : 201112     |             | 9-9    |
| Lisle  | IL           | 60532-3429  | Amou         | int of Ea | ch Receipt      | this Period | b      |
| FEC ID number of contributing federal political committee.                                     | С            |   |              |           |                 | 1:          | 5.00   |
| Name of Employer   | Occupation   |   |              |           |                 |             |        |
| PCI  | Assistant V  | ice President, Publishing                         |              |           |                 |             |        |
| Receipt For:   | Aggregate    | Year-to-Date ▼                                    |              |           |                 |             |        |
| Primary General<br>Other (specify)   |              | 360.00  |              |           |                 |             |        |
|  |              | /5  |              |           |                 |             |        |
| Full Name (Last, First, Middle Initial)<br>B. Jean Demas                                       |              |   | Date         | of Recei  | pt              |             |        |
| Mailing Address 2839 Saint Anton Ct  |              |   | М            |           | ) D /           | Y Y Y       | Y      |
| City   | State        | Zip Code  | 12           |           | 31<br>ID:201112 | 2011        | •      |
| Lisle  | IL           | 60532-3429  |              |           | ch Receipt      |             |        |
| FEC ID number of contributing  | 0            |   |              |           |                 |             |        |
| federal political committee.   | С            |   |              |           |                 | 18          | 5.00   |
| Name of Employer   | Occupation   |   | _            |           |                 |             |        |
| PCI  | Assistant Vi | ce President, Publishing                          |              |           |                 |             |        |
| Receipt For:   | Aggregate    | Year-to-Date ▼                                    |              |           |                 |             |        |
| Primary General<br>Other (specify)   |              | 360.00  |              |           |                 |             |        |
|  |              | <u>, , , , , , , , , , , , , , , , , , , </u>     |              |           |                 |             |        |
| Full Name (Last, First, Middle Initial)<br>C. Michael M. Dieterle                              |              |   | Date         | of Recei  | nt              |             |        |
| Mailing Address 47202 White Pines Dr   |              |   |              |           |                 | Y Y Y       | Y      |
|  |              |   | 12           |           | 09              | 2011        | _      |
| City<br>Novi   | State<br>MI  | Zip Code<br>48374-3697                            |              |           | ID : 20111      |             |        |
|  | IVII         | 40374-3097  | Amou         | int of Ea | ch Receipt      | this Period | d      |
| FEC ID number of contributing federal political committee.                                     | С            |   |              |           |                 | 4           | 0.00   |
| Name of Employer   | Occupation   |   |              |           |                 |             |        |
| Amerisure Companies<br>Receipt For:  |              | ent, Field Marketing & Unde                       | _            |           |                 |             |        |
| Primary General  | Aggregate    | Year-to-Date ▼                                    |              |           |                 |             |        |
| Other (specify) ▼  |              | 1040.00   |              |           |                 |             |        |
|  |              | -7  |              |           |                 |             |        |
|  |              |   |              |           |                 | 7/          | 0.00   |
| SUBTOTAL of Receipts This Page (optional)  |              | ••••••  |              |           |                 | 70          | 5.00   |

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

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Use separate schedule(s)

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|   | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17                         |
|---|---|---|
|   | ts and Statements may not be sold or used by any per<br>using the name and address of any political committee |   |
| NAME OF COMMITTEE (In Full) Property Casualty Insurer   | s Association of America Political Acti   | on Committee (PCI-PAC)  |
| A. Vincent T. Donnelly<br>Mailing Address 174 Meadow View Lr<br>City<br>Lansdale  | State Zip Code<br>PA 19446-5931   | Date of Receipt   |
| FEC ID number of contributing federal political committee.  | C   | 50.00   |
| Name of Employer<br>PMA Insurance Group<br>Receipt For:<br>Primary General<br>Other (specify) v                                       | Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1150.00                             |   |
| Full Name (Last, First, Middle Initial)           B.         Vincent T. Donnelly           Mailing Address         174 Meadow View Lr |   | Date of Receipt   |
| City<br>Lansdale<br>FEC ID number of contributing<br>federal political committee.   | State Zip Code<br>PA 19446-5931   | 12         15         2011           Transaction ID : 20111229115945-4         Amount of Each Receipt this Period           50.00 |
| Name of Employer<br>PMA Insurance Group<br>Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>1150.00                    |   |
| Full Name (Last, First, Middle Initial)<br>C. Debra Even  |   | Date of Receipt   |
| Mailing Address 26777 Halsted Rd  | State Zip Code  | 12 09 2011<br>Transaction ID : 20111229120151-10  |
| Farmington Hills<br>FEC ID number of contributing<br>federal political committee.   | MI 48331-3577   | Amount of Each Receipt this Period 25.00  |
| Name of Employer         Amerisure Companies         Receipt For:         Primary       General         Other (specify) ▼             | Occupation<br>Assistant Vice President, Credit and C<br>Aggregate Year-to-Date ▼<br>650.00                    |   |
| SUBTOTAL of Receipts This Page (opt   | ional)  | 125.00  |

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

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Use separate schedule(s) for each category of the

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|             |   |                            | Detailed Summary Page   | [  | <b>X</b> 11a         |              | 11b            |              | 11c                        |                | 12               |             |
|-------------|---|----------------------------|---|--|----------------------|--------------|----------------|--------------|----------------------------|----------------|------------------|-------------|
|             |   |                            | Detailed Summary Faye   |  | 13                   |              | 14             |              | 15                         |                | 16               | 17          |
| Ar<br>or    | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and a | ay not be sold or used by any pe<br>ddress of any political committee | ersor<br>to s                                    | n for the solicit co | pur<br>ntrik | pose<br>pution | of :<br>s fr | solicitin<br>om suc        | g coi<br>ch co | ntribut          | ions<br>ee. |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                            |   |  |                      |              |                |              |                            |                |                  |             |
|             | Property Casualty Insurers Asso   | ociation c                 | f America Political Acti  | on   | Comr                 | nit          | tee            | (P           | CI-P/                      | 4C)            |                  |             |
| Α.          | Full Name (Last, First, Middle Initial)<br>Glenn E. Farley                                    |                            |   |  | Date o               | f Re         | eceipt         | :            |                            |                |                  |             |
|             | Mailing Address 600 Lansdowne Dr  |                            |   |  | M M                  | 011          | Y              |              |                            |                |                  |             |
|             | City  | State                      | Zip Code  | 12 09 2011<br>Transaction ID : 20111229120151-11 |                      |              |                |              |                            |                |                  |             |
|             | Westland  | MI                         | 48185-3493  |  | Amoun                | t of         | Each           | ۱Re          | eceipt tl                  | his P          | 'eriod           |             |
|             | FEC ID number of contributing federal political committee.                                    | С                          |   |  |                      |              | ,              |              |                            |                | 10.              | .00         |
|             | Name of Employer  | Occupation                 |   |  |                      |              |                |              |                            |                |                  |             |
|             | Amerisure Companies<br>Receipt For:   |                            | ice President - WC Claims,  | _  |                      |              |                |              |                            |                |                  |             |
|             | Primary General   | Aggregate                  | Year-to-Date ▼  |  |                      |              |                |              |                            |                |                  |             |
|             | Other (specify) ▼   |                            | 260.00  |  |                      |              |                |              |                            |                |                  |             |
| В.          | Full Name (Last, First, Middle Initial)<br>Mark F. Fox  |                            |   |  | Date o               | f Re         | eceipt         |              |                            |                |                  |             |
|             | Mailing Address 29911 Robert Dr   |                            |   |  | M M                  | /            |                | D<br>09      | / Y                        |                | )<br>)<br>)<br>) | Y           |
|             | City  | State                      | Zip Code  |  |                      | act          |                |              | 2011122                    |                |                  | 13          |
|             | Livonia   | MI                         | 48150-3045  |  |                      |              |                |              | eceipt tl                  |                |                  |             |
|             | FEC ID number of contributing federal political committee.                                    | С                          |   |  |                      |              | 7              | _            | - 1                        |                | 30.              | 00          |
|             | Name of Employer<br>Amerisure Companies   | Occupation<br>Vice Preside | ent Special Risk  |  |                      |              |                |              |                            |                |                  |             |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>780.00  |  |                      |              |                |              |                            |                |                  |             |
| —<br>c.     | Full Name (Last, First, Middle Initial)<br>David P. Galbraith                                 |                            |   |  | Date o               | f Re         | eceipt         | . <b></b>    |                            |                |                  |             |
|             | Mailing Address 580 Michigan Ave  |                            |   |  | 12                   | /            |                | 09           | / Y                        |                | )<br>011         | Y           |
|             | City<br>Marysville  | State<br>MI                | Zip Code<br>48040-1157  |  |                      |              |                |              | <b>201112</b><br>eceipt tl |                |                  | 14          |
|             | FEC ID number of contributing federal political committee.                                    | С                          |   |  |                      |              | 1              |              |                            |                |                  | .00         |
|             | Name of Employer  | Occupation                 |   |  |                      |              |                |              |                            |                |                  |             |
|             | Amerisure Companies   | Regional V                 | ce President, Loss Control  |  |                      |              |                |              |                            |                |                  |             |
|             | Receipt For:  | Aggregate                  | Year-to-Date ▼  |  |                      |              |                |              |                            |                |                  |             |
|             | Primary General   |                            | 000.00  | 11   |                      |              |                |              |                            |                |                  |             |
|             | Other (specify)   |                            | 260.00  |  |                      |              |                |              |                            |                |                  |             |
| s           | UBTOTAL of Receipts This Page (optional)  |                            |   | •  |                      |              | 7              |              |                            |                | 50.              | 00          |
| т           | OTAL This Period (last page this line number  | only)                      |   | •  |                      |              | 7              |              |                            |                |                  |             |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page                        | (check only one)       X     11a       11b     11c       12       13     14       15     16       17 |
|--|--|--|
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the name |  |  |
| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Associa  | tion of America Political Action   | on Committee (PCI-PAC)   |
| Full Name (Last, First, Middle Initial)<br>A. Joseph Gallagher   |  | Date of Receipt  |
| Mailing Address 330 Fellowship Rd<br>Ste 200   |  | M M / D D / Y Y Y Y Y<br>12 01 2011  |
| 5  | tate Zip Code<br>IJ 08054-1207   | Transaction ID : 20111207113312-5           Amount of Each Receipt this Period                       |
| FEC ID number of contributing federal political committee.   |  | 10.00  |
|  | upation<br>Irance Executive  | _  |
| Poppint For:   | gregate Year-to-Date ▼<br>230.00   |  |
| Full Name (Last, First, Middle Initial) B. Joseph Gallagher  |  | Date of Receipt  |
| Mailing Address 330 Fellowship Rd<br>Ste 200   |  | 12 15 2011   |
| City S<br>Mount Laurel N   | tate Zip Code<br>J 08054-1207  | Transaction ID : 20111229115945-5<br>Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   |  |  |
| DMA Insurance Crown  | upation<br>rance Executive   | _  |
| Boosint For:   | gregate Year-to-Date ▼<br>230.00   |  |
| Full Name (Last, First, Middle Initial)<br>C. Kurt D. Gallinger  |  | Date of Receipt  |
| Mailing Address 26777 Halsted Rd   |  | M M / D D / Y Y Y Y Y<br>12 09 2011  |
| ,  | tate Zip Code<br>11 48331-3577   | Transaction ID : 20111229120151-15<br>Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   |  | 60.00  |
|  | upation  | _  |
| Possint For:   | e President & Counsel Government Re<br>gregate Year-to-Date ▼<br>1560.00 |  |
| SUBTOTAL of Receipts This Page (optional)  | •  | 80.00  |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  |  |
|--|--|--|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the   |  |  |
| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso   |  |  |
| Full Name (Last, First, Middle Initial)         Michael Gilhooly         Mailing Address 12135 S Flambeau Dr         City         Palos Heights         FEC ID number of contributing federal political committee.         Name of Employer         PCI         Receipt For:         Primary       General         Other (specify) ▼           | State       Zip Code         IL       60463-1659         C       C         Occupation       C         Senior Director, State Political Affai         Aggregate Year-to-Date ▼         750.00 | Date of Receipt  |
| Full Name (Last, First, Middle Initial)         Michael Gilhooly         Mailing Address 12135 S Flambeau Dr         City         Palos Heights         FEC ID number of contributing federal political committee.         Name of Employer         PCI         Receipt For:         Primary       General         Other (specify) ▼           | State       Zip Code         IL       60463-1659         C       C         Occupation       Senior Director, State Political Affai         Aggregate Year-to-Date ▼       750.00             | Date of Receipt  |
| Full Name (Last, First, Middle Initial)         Trey Gillespie         Mailing Address 700 Lavaca St         Ste 1400         City         Austin         FEC ID number of contributing         federal political committee.         Name of Employer         PCI         Receipt For:         Primary       General         Other (specify) ▼ | State       Zip Code         TX       78701-3102         C       Occupation         Senior Director, Workers Compensation         Aggregate Year-to-Date ▼         500.00                    | Date of Receipt<br>12 15 2011<br>Transaction ID : 20111229161659-13<br>Amount of Each Receipt this Period<br>25.00 |
| SUBTOTAL of Receipts This Page (optional)  | •  | 85.00  |

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|                          |   | ,                                  | Use separate schedule(s)  | (c                                 | heck on | ly or | ne)       |           |                |          |     |    |  |  |  |
|--------------------------|---|------------------------------------|---|------------------------------------|---------|-------|-----------|-----------|----------------|----------|-----|----|--|--|--|
|                          | RECEIPTS  |                                    | for each category of the<br>Detailed Summary Page                     |                                    | X 11a   |       | 11b<br>14 | 11c       |                | 12<br>16 |     | 17 |  |  |  |
| Any informatic           | on copied from such Reports a<br>rcial purposes, other than using | nd Statements ma<br>the name and a | ay not be sold or used by any po<br>ddress of any political committee | ersor<br>ersor                     | for the | pur   | pose of   | solicitin | ig co<br>ch cc | ntributi | ons | 17 |  |  |  |
|                          | COMMITTEE (In Full)   | ,                                  | ·····   |                                    |         |       |           |           |                |          | -   |    |  |  |  |
|                          | ( , , , , , , , , , , , , , , , , , , ,                           | ssociation o                       | f America Political Act   | ion                                | Comr    | nitt  | ee (F     | PCI-PA    | AC)            | )        |     |    |  |  |  |
| A. Trey Gill             | •   |                                    |   |                                    | Date c  | of Re | eceipt    |           |                |          |     |    |  |  |  |
| Mailing Add              | dress 700 Lavaca St<br>Ste 1400                                   |                                    |   |                                    | 12      | /     | 31        | ) / Y     |                | 011      | Y   |    |  |  |  |
| City                     | 010 1400  | State                              | Zip Code  | Transaction ID : 20111230135541-13 |         |       |           |           |                |          |     |    |  |  |  |
| Austin                   |   | ТХ                                 | 78701-3102  | _                                  |         |       |           | leceipt t |                |          | -   |    |  |  |  |
|                          | mber of contributing<br>tical committee.                          | С                                  |   |                                    |         |       | 3         |           | _              | 25.      | 00  |    |  |  |  |
| Name of E                | mployer   | Occupation                         |   | -                                  |         |       |           |           |                |          |     |    |  |  |  |
| PCI                      |   | Senior Dire                        | ctor, Workers Compensation  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Receipt Fo               |   | Aggregate                          | Year-to-Date 🔻  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Other                    | ary General<br>r (specify) <sub>▼</sub>                           |                                    | 500.00  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Full Name<br>B. Robert ( | (Last, First, Middle Initial)<br>Gordon                           |                                    |   |                                    | Date o  | of Re | eceipt    |           |                |          |     |    |  |  |  |
| Mailing Add              | iling Address 1502 Woodacre Dr                                    |                                    |   |                                    |         |       |           | / Y       |                | )<br>011 | Y   |    |  |  |  |
| City                     |   | State                              | Zip Code  |                                    | Trans   | sacti | on ID :   | 2011122   | <u>2916</u>    | 1659-1   | 4   |    |  |  |  |
| McLean                   |   | VA                                 | 22101-2537  |                                    | Amour   | nt of | Each R    | leceipt t | his F          | Period   |     |    |  |  |  |
|                          | mber of contributing<br>tical committee.                          |                                    |   |                                    | 7       | 9     | _         | 25.0      | 00             |          |     |    |  |  |  |
| Name of E                | mployer   | Occupation                         |   |                                    |         |       |           |           |                |          |     |    |  |  |  |
| PCI                      |   | Senior Vice                        | President, Policy Developm  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Receipt Fo               |   | Aggregate                          | Year-to-Date ▼  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Other                    | ary General<br>r (specify) <b>▼</b>                               |                                    | 600.00  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Full Name<br>c. Robert   | (Last, First, Middle Initial)<br>Gordon                           |                                    |   |                                    | Date c  | of Re | eceipt    |           |                |          |     |    |  |  |  |
| Mailing Add              | dress 1502 Woodacre Dr  |                                    |   |                                    | M N     | /     | 31        | ) / Y     |                | 011      | Y   |    |  |  |  |
| City                     |   | State                              | Zip Code  |                                    |         | sact  |           | 201112    |                |          | 4   |    |  |  |  |
| McLean                   |   | VA                                 | 22101-2537  |                                    | Amour   | nt of | Each R    | leceipt t | his F          | Period   |     |    |  |  |  |
|                          | FEC ID number of contributing federal political committee.        |                                    | Ŭ   |                                    |         |       |           |           | _              | 25.      | 00  |    |  |  |  |
| Name of E                | mployer   | Occupation                         |   | $\neg$                             |         |       |           |           |                |          |     |    |  |  |  |
| PCI                      |   | Senior Vice                        | President, Policy Developm  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Receipt Fo               |   | Aggregate                          | Year-to-Date ▼  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| Other                    | ary General<br>r (specify) <sub>▼</sub>                           |                                    | 600.00  |                                    |         |       |           |           |                |          |     |    |  |  |  |
| SUBTOTAL                 | of Receipts This Page (optiona                                    | I)                                 |   |                                    |         |       | 7         | 7         |                | 75.0     | 00  | ]  |  |  |  |

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| ΙТ         | EMIZED RECEIPTS  |                            | Use separate schedule(s)<br>for each category of the                 | <u>`</u> _                                | heck only       | y or          | ie)       | _                           |        |          |     |  |  |
|------------|--|----------------------------|--|---|-----------------|---------------|-----------|-----------------------------|--------|----------|-----|--|--|
| ••         |  |                            | Detailed Summary Page  |   | X 11a<br>13     |               | 11b<br>14 | 11c                         |        | 12<br>16 | 17  |  |  |
| Ar<br>or   | ny information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and a | y not be sold or used by any pe<br>ddress of any political committee | ersor<br>e to s                           | for the         | purp<br>ntrib | oose of   | solicitin                   | g cont | tributio | ons |  |  |
|            | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                                 | ociation o                 | f America Political Acti   | on  | Comn            | nitt          | ee (F     | PCI-P/                      | ۹C)    |          |     |  |  |
| <u>к</u>   | Full Name (Last, First, Middle Initial)<br>Daniel J. Graf                                      |                            |  |   | Date of         | f Re          | ceipt     |                             |        |          |     |  |  |
|            | Mailing Address 45000 Drocton Ct   |                            |  |   | M M<br>12       | /             | 09        | ) / Y                       | 201    | Y<br>11  | Y   |  |  |
|            | City<br>Novi   | State<br>MI                | Zip Code<br>48375-3802   | Transaction ID : 201 Amount of Each Recei |                 |               |           |                             |        |          |     |  |  |
|            | FEC ID number of contributing federal political committee.                                     | С                          |  |   |                 |               | ,         | 7                           |        | 50.0     | 00  |  |  |
|            | Name of Employer<br>Amerisure Companies  | Occupation<br>Vice Preside | ent, Investments   |   |                 |               |           |                             |        |          |     |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Year-to-Date ▼<br>1300.00  |   |                 |               |           |                             |        |          |     |  |  |
| В.         | Full Name (Last, First, Middle Initial)<br>Ann Gray  |                            |  |   | Date of         | f Re          | ceipt     |                             |        |          |     |  |  |
|            | Mailing Address 3309 Holly St  |                            |  |   | <sup>M</sup> 12 | /             | 15        | ) / Y                       | 201    | 1        | ſ   |  |  |
|            | City<br>Alexandria   | State<br>VA                | Zip Code<br>22305-1824   | _   |                 |               |           | <b>2011122</b><br>Receipt t |        |          | 5   |  |  |
|            | FEC ID number of contributing federal political committee.                                     | С                          |  |   |                 |               | 7         |                             |        | 25.0     | 0   |  |  |
|            | Name of Employer<br>PCI  | Occupation<br>Assistant to | the President and Directo  |   |                 |               |           |                             |        |          |     |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Year-to-Date ▼<br>600.00   |   |                 |               |           |                             |        |          |     |  |  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Ann Gray  |                            |  |   | Date of         | f Re          | ceipt     |                             |        |          |     |  |  |
|            | Mailing Address 3309 Holly St  |                            |  |   | <sup>M</sup> 12 | /             | 31        | ) / Y                       | 201    |          | Ŷ   |  |  |
|            | City<br>Alexandria   | State<br>VA                | Zip Code<br>22305-1824   | _   |                 |               |           | <b>201112</b><br>Receipt t  |        |          | 5   |  |  |
|            | FEC ID number of contributing federal political committee.                                     | С                          |  |   |                 |               | ,         |                             | _      | 25.0     | 00  |  |  |
|            | Name of Employer<br>PCI  | Occupation<br>Assistant to | the President and Directo  |   |                 |               |           |                             |        |          |     |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Year-to-Date ▼<br>600.00   |   |                 |               |           |                             |        |          |     |  |  |
| s          | UBTOTAL of Receipts This Page (optional)   |                            | •••••  | <br>►                                     |                 |               | 7         | 7                           | _      | 100.0    | 0   |  |  |

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FOR LINE NUMBER:

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| IT         | EMIZED RECEIPTS   |                            | Use separate schedule(s) for each category of the | `     | ieck only       |       | ́г        | 110       | 12                     |      |
|------------|---|----------------------------|---|-------|-----------------|-------|-----------|-----------|------------------------|------|
|            |   |                            | Detailed Summary Page                             |       | 11a             |       | 11b<br>14 | 11c<br>15 | 12                     | 17   |
|            | ny information copied from such Reports and s<br>for commercial purposes, other than using th |                            |   |       |                 |       |           |           |                        |      |
|            | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Ass                                 | ociation o                 | f America Political Acti                          | ion ( | Comn            | nitte | e (P      | PCI-PA    | AC)                    |      |
| Α.         | Full Name (Last, First, Middle Initial)<br>Judith D. Greer                                    |                            |   |       | Date of         | f Rec | eipt      |           |                        |      |
|            | Mailing Address 28454 Elmira St   |                            |   |       | 12              | /     | 0 09      | / Y       | 2011                   | Y    |
|            | City<br>Livonia   | State<br>MI                | Zip Code<br>48150-3105                            |       |                 |       |           |           | 29120151<br>nis Period |      |
|            | FEC ID number of contributing federal political committee.                                    | С                          |   |       |                 | . ,   |           |           |                        | 5.00 |
|            | Name of Employer<br>Amerisure Companies   | Occupation<br>Tech Mana    | ger, Quality and Prod                             |       |                 |       |           |           |                        |      |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>390.00                          |       |                 |       |           |           |                        |      |
| В.         | Full Name (Last, First, Middle Initial)<br>Donald Griffin                                     |                            |   |       | Date of         | f Rec | eipt      |           |                        |      |
|            | Mailing Address 1706 Belcourt   |                            |   |       | 12 <sup>M</sup> | 1     | D D       | / Y       | 2011                   | Y    |
|            | City<br>Elgin   | State<br>IL                | Zip Code<br>60120-7541                            |       |                 |       |           |           | 29161659<br>nis Period |      |
|            | FEC ID number of contributing federal political committee.                                    | С                          |   |       |                 | . ,   |           |           | 2!                     | 5.00 |
|            | Name of Employer<br>PCI   | Occupation<br>Vice Preside | ent, Personal Lines                               |       |                 |       |           |           |                        |      |
|            | Receipt For:         Primary       General         Other (specify) ▼                          | Aggregate                  | Year-to-Date ▼<br>600.00                          |       |                 |       |           |           |                        |      |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Donald Griffin                                     |                            |   |       | Date of         | f Rec | eipt      |           |                        |      |
|            | Mailing Address 1706 Belcourt   |                            |   |       | 12 <sup>M</sup> | /     | D D D     | / Y       | у у<br>2011            | Y    |
|            | City<br>Elgin   | State<br>IL                | Zip Code<br>60120-7541                            | _     |                 |       |           |           | 30135541<br>nis Period |      |
|            | FEC ID number of contributing federal political committee.                                    | С                          |   |       |                 | ,     |           |           | 2                      | 5.00 |
|            | Name of Employer<br>PCI   | Occupation<br>Vice Presid  | ent, Personal Lines                               |       |                 |       |           |           |                        |      |
|            | Receipt For:<br>Primary General<br>Other (specify)  |                            | Year-to-Date ▼<br>600.00                          |       |                 |       |           |           |                        |      |
| s          | <b>UBTOTAL</b> of Receipts This Page (optional)   |                            | ····· •   | ► _   |                 |       |           | - 7       | 65                     | 5.00 |

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Use separate schedule(s)

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|            | EMIZED RECEIPTS   | tor each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|------------|---|--|---|--|--|--|--|--|--|--|--|
|            | y information copied from such Reports and SI for commercial purposes, other than using the |  |   |  |  |  |  |  |  |  |  |
|            | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                              | ciation of America Political Acti                  | on Committee (PCI-PAC)  |  |  |  |  |  |  |  |  |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>Susan R. Halterman                               |  | Date of Receipt   |  |  |  |  |  |  |  |  |
|            | Mailing Address 5698 Chatham St   |  | 12 29 2011  |  |  |  |  |  |  |  |  |
|            | City  | State Zip Code                                     | Transaction ID : 20120105132047-14  |  |  |  |  |  |  |  |  |
|            | Johnston  | IA 50131-8779                                      | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                  | C  | 29.13   |  |  |  |  |  |  |  |  |
|            | Name of Employer  | Occupation   |   |  |  |  |  |  |  |  |  |
|            | FBL Financial Group   | Product and Data Management Vice Presi             |   |  |  |  |  |  |  |  |  |
|            | Receipt For:  | Aggregate Year-to-Date ▼                           |   |  |  |  |  |  |  |  |  |
|            | Primary General<br>Other (specify) ▼  | 350.00   |   |  |  |  |  |  |  |  |  |
| В.         | Full Name (Last, First, Middle Initial)<br>Catherine M. Harper                              |  | Date of Receipt   |  |  |  |  |  |  |  |  |
|            | Mailing Address 15490 101st Ave N   |  | 12 02 2011  |  |  |  |  |  |  |  |  |
|            | City  | State Zip Code                                     | Transaction ID : 20111229110722-2   |  |  |  |  |  |  |  |  |
|            | Maple Grove   | MN 55369-9725                                      | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                  | C  | 25.00   |  |  |  |  |  |  |  |  |
|            | Name of Employer<br>Austin Mutual Insurance Company   | Occupation<br>Senior Vice President - Underwriting |   |  |  |  |  |  |  |  |  |
|            | Receipt For:  | Aggregate Year-to-Date ▼                           |   |  |  |  |  |  |  |  |  |
|            | Primary General<br>Other (specify) ▼  | 300.00   |   |  |  |  |  |  |  |  |  |
| с.         | Full Name (Last, First, Middle Initial)<br>Catherine M. Harper                              |  | Date of Receipt   |  |  |  |  |  |  |  |  |
|            | Mailing Address 15490 101st Ave N   |  | 12 16 2011  |  |  |  |  |  |  |  |  |
|            | City  | State Zip Code                                     | Transaction ID : 20111229123007-2   |  |  |  |  |  |  |  |  |
|            | Maple Grove   | MN 55369-9725                                      | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                  | C  | 25.00   |  |  |  |  |  |  |  |  |
|            | Name of Employer  | Occupation   |   |  |  |  |  |  |  |  |  |
|            | Austin Mutual Insurance Company   | Senior Vice President - Underwriting               |   |  |  |  |  |  |  |  |  |
|            | Receipt For:  | Aggregate Year-to-Date ▼                           |   |  |  |  |  |  |  |  |  |
|            | Primary General<br>Other (specify) ▼  | 300.00   | 1   |  |  |  |  |  |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |  | 79.13   |  |  |  |  |  |  |  |  |

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|         | EIVIIZED RECEIPIS   |                           | Detailed Summary Page       |            | ( 11a                |       | 11b    |      | 11c      | 1:           | 2    |    |  |  |  |  |  |
|---------|---|---------------------------|-----------------------------|------------|----------------------|-------|--------|------|----------|--------------|------|----|--|--|--|--|--|
|         |   |                           |                             |            | 13                   |       | 14     |      | 15       | 1            | 6    | 17 |  |  |  |  |  |
|         | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                           |                             |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | NAME OF COMMITTEE (In Full)   |                           |                             |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
| $\Big)$ | Property Casualty Insurers Asso   | ciation c                 | of America Political Action | on (       | Comr                 | nitt  | ee (   | PC   | I-PA     | .C)          |      |    |  |  |  |  |  |
| Α.      | Full Name (Last, First, Middle Initial)<br>Todd Harrison  |                           |                             |            | Date o               | f Re  | ceipt  |      |          |              |      |    |  |  |  |  |  |
|         | Mailing Address 5875 Gilbert Lake Rd  |                           |                             |            | <sup>M</sup> M       | /     | 0      |      | / Y      | ү<br>201     |      | Y  |  |  |  |  |  |
|         | City  | State                     | Zip Code                    |            | Trans                | sacti | ion ID | : 20 | 11122    | 91201        | 51-1 | 9  |  |  |  |  |  |
|         | Bloomfield Townshi  | MI                        | 48301-1914                  | _          | Amoun                | t of  | Each   | Rec  | eipt th  | is Per       | iod  |    |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.                                      | С                         |                             |            |                      |       | 7      | _    | 7        | _            | 10.0 | 00 |  |  |  |  |  |
|         | Name of Employer  | Occupation                |                             |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Amerisure Companies   | Director, Co              | ompensation & Benefits      | _          |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Receipt For:<br>Primary General   | Aggregate                 | Year-to-Date ▼              |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Other (specify) ▼   |                           | 260.00                      |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
| B.      | Full Name (Last, First, Middle Initial)   |                           |                             |            | Date o               | f Re  | ceipt  |      |          |              |      |    |  |  |  |  |  |
|         | Mailing Address 10398 E Acacia Dr   |                           |                             | 12 09 2011 |                      |       |        |      |          |              |      | Y  |  |  |  |  |  |
|         | City  | State                     | Zip Code                    |            | Trans                | acti  | on ID  | : 20 | 111229   | <u>91201</u> | 51-2 | 0  |  |  |  |  |  |
|         | Scottsdale  | AZ                        | 85255-8668                  | _          | Amoun                | t of  | Each   | Rec  | eipt thi | is Per       | iod  |    |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.                                      | s a l                     |                             |            |                      |       |        |      |          | 10.00        |      |    |  |  |  |  |  |
|         | Name of Employer<br>Amerisure Companies   | Occupation<br>Core Servic | e Center Manager            |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Receipt For:  | Aggregate                 | Year-to-Date ▼              |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Primary General   |                           |                             |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Other (specify)   |                           | , 260.00                    |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
| C.      | Full Name (Last, First, Middle Initial)<br>Gary Harvey  |                           |                             |            | Date o               | f Re  | ceipt  |      |          |              |      |    |  |  |  |  |  |
|         | Mailing Address 380 Sentry Pkwy   |                           | 7. 0. 1                     |            | <sup>M</sup> M<br>12 |       | D<br>0 | 1    |          | 2011         | 1    |    |  |  |  |  |  |
|         | City<br>Blue Bell   | State<br>PA               | Zip Code<br>19422-2357      |            | Trans<br>Amoun       |       |        |      | 011120   |              |      | ;  |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.                                      | С                         |                             |            |                      |       | 7      |      | 7        | _            | 10.  | 00 |  |  |  |  |  |
|         | Name of Employer  | Occupation                | 1                           | _          |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | PMA Insurance Group   | Insurance E               | Executive                   |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Receipt For:  | Aggregate                 | Year-to-Date ▼              |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Primary General   |                           | 222.00                      |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
|         | Other (specify)   |                           | 230.00                      |            |                      |       |        |      |          |              |      |    |  |  |  |  |  |
| s       | UBTOTAL of Receipts This Page (optional)  |                           | ····· •                     |            |                      |       | ,      |      | 7        |              | 30.0 | 0  |  |  |  |  |  |
| т       | OTAL This Period (last page this line number o  | nly)                      |                             | •          |                      |       | ,      |      | 7        |              |      |    |  |  |  |  |  |

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| IT. | EMIZED RECEIPTS  |                         | Use separate schedule(s)   | (C     | heck onl        | y on      | e)           |                 | -     |                |              |
|-----|--|-------------------------|--|--------|-----------------|-----------|--------------|-----------------|-------|----------------|--------------|
|     |  |                         | for each category of the<br>Detailed Summary Page  |        | X 11a           | $\square$ | 11b          | 11c             |       | 12             | <b>_ - -</b> |
| A   | ny information copied from such Reports and                  | Statements ma           | Ay not be sold or used by any point of any point of any point of any political committee | ersor  | 13<br>n for the | purp      | 14<br>ose of | 15<br>solicitin | g cor | 16<br>ntributi | 0ns          |
|     | for commercial purposes, other than using t                  | ne name and a           |  | 9 10 3 | SOUCIL CO       | ומחוח     | lions        | from suc        | n co  | mmille         | e.           |
|     | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers As | sociation c             | of America Political Acti  | ion    | Comr            | nitte     | ee (F        | PCI-P/          | ۹C)   |                |              |
| Α.  | Full Name (Last, First, Middle Initial)<br>Gary Harvey       |                         |  |        | Date o          | f Red     | ceipt        |                 |       |                |              |
|     | Mailing Address 380 Sentry Pkwy                              |                         |  |        | м м<br>12       | /         | 15           | Y / C           |       | )<br>011       | Y            |
|     | City   | State                   | Zip Code   |        |                 | sactio    |              | 201112          |       |                | 5            |
|     | Blue Bell  | PA                      | 19422-2357   |        | Amoun           | t of E    | Each F       | Receipt t       | his P | eriod          |              |
|     | FEC ID number of contributing federal political committee.   | С                       |  |        |                 |           | 7            |                 | _     | 10.            | 00           |
|     | Name of Employer   | Occupation              | 1  |        |                 |           |              |                 |       |                |              |
|     | PMA Insurance Group  | Insurance E             | Executive  |        |                 |           |              |                 |       |                |              |
|     | Receipt For:   | Aggregate               | Year-to-Date ▼   |        |                 |           |              |                 |       |                |              |
|     | Primary General<br>Other (specify) ▼                         |                         | 230.00   |        |                 |           |              |                 |       |                |              |
| В.  | Full Name (Last, First, Middle Initial)<br>Robert F. Hill    |                         |  |        | Date o          | f Red     | ceipt        |                 |       |                |              |
|     | Mailing Address 8655 E Via De Ventura                        |                         |  |        | M M             | 1         | 28           |                 | 20    | y<br>11        | Y            |
|     | City   | State                   | Zip Code   |        | Trans           | actio     | on ID :      | 290E39          |       |                | E16C1        |
|     | Scottsdale   | AZ                      | 85258-3300   | _      | Amoun           | t of E    | Each F       | Receipt t       | his P | eriod          |              |
|     | FEC ID number of contributing federal political committee.   | С                       |  |        |                 |           | ,            | 7               | _     | 1000.0         | 00           |
|     | Name of Employer<br>American Reliable Insurance Company      | Occupation<br>President |  |        |                 |           |              |                 |       |                |              |
|     | Receipt For:   | Aggregate               | Year-to-Date ▼   |        |                 |           |              |                 |       |                |              |
|     | Primary General<br>Other (specify) ▼                         |                         | 2000.00  |        |                 |           |              |                 |       |                |              |
| с.  | Full Name (Last, First, Middle Initial)<br>Yvonne Hobson     |                         |  |        | Date o          | f Red     | ceipt        |                 |       |                |              |
|     | Mailing Address 8933 Minne Wanna Rd                          |                         |  |        | м м<br>12       | /         | 09           |                 | 20    | y<br>)11       | Y            |
|     | City   | State                   | Zip Code   |        | Trans           | sacti     | on ID :      | 201112          | 2912  | 0151-2         | 21           |
|     | Clarkston  | MI                      | 48348-3318   | _      | Amoun           | t of E    | Each F       | Receipt t       | his P | eriod          |              |
|     | FEC ID number of contributing federal political committee.   | С                       |  |        |                 |           | ,            |                 | _     | 15.            | 00           |
|     | Name of Employer   | Occupation              | 1  |        |                 |           |              |                 |       |                |              |
|     | Amerisure Companies  | Product Lin             | e Manager  |        |                 |           |              |                 |       |                |              |
|     | Receipt For:<br>Primary General<br>Other (specify)           | Aggregate               | Year-to-Date ▼<br>390.00   |        |                 |           |              |                 |       |                |              |
| Ģ   | <b>UBTOTAL</b> of Receipts This Page (optional).             |                         | <u>~ · · · · · · · · · · · · · · · · · · ·</u>   |        |                 |           |              |                 |       | 1025.0         | 00           |
| Ľ   |  |                         |  |        |                 |           | 7            |                 | 42    |                |              |

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

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| TEMIZED RECEIPTS  | Detailed Summary Page                   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the |   | person for the purpose of soliciting contributions  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                                      | ociation of America Political Act       | tion Committee (PCI-PAC)  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Thomas E. Hoeg                                 |   | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 17950 Cranbrook Ct  |   | M = M / D = D / Y = Y = Y = Y<br>12 09 2011   |  |  |  |  |  |  |  |  |
| City  | State Zip Code<br>MI 48168-4391         | Transaction ID : 20111229120151-22  |  |  |  |  |  |  |  |  |
| Northville  | MI 48168-4391                           | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                       | 50.00   |  |  |  |  |  |  |  |  |
| Name of Employer  | Occupation                              |   |  |  |  |  |  |  |  |  |
| Amerisure Companies   | President and Chief Executive Officer,  |   |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                |   |  |  |  |  |  |  |  |  |
| Primary General   | 1300.00                                 |   |  |  |  |  |  |  |  |  |
| Other (specify)   | 1300.00                                 |   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. James E. Hohmann</b>                               |   | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 54 Hillburn Ln  |   |   |  |  |  |  |  |  |  |  |
| miniburn En   |   | 12 29 2011  |  |  |  |  |  |  |  |  |
| City  | State Zip Code                          | Transaction ID : 20120105132047-18  |  |  |  |  |  |  |  |  |
| North Barrington  | IL 60010-6975                           | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                                       | 327.20  |  |  |  |  |  |  |  |  |
| Name of Employer  | Occupation                              | —   |  |  |  |  |  |  |  |  |
| FBL Financial Group   | Chief Executive Officer                 |   |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                |   |  |  |  |  |  |  |  |  |
| Primary General   | 3800.00                                 |   |  |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  | , | 1   |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. June Holmes   |   | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 409 S Vine Ave  |   | 12 15 / Y Y Y Y<br>2011   |  |  |  |  |  |  |  |  |
| City  | State Zip Code                          | Transaction ID : 20111229161659-17  |  |  |  |  |  |  |  |  |
| Park Ridge  | IL 60068-4145                           | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                       | 150.00  |  |  |  |  |  |  |  |  |
| Name of Employer  | Occupation                              |   |  |  |  |  |  |  |  |  |
| PCI   | Chief Operating Officer and Treasurer   |   |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                |   |  |  |  |  |  |  |  |  |
| Primary General   | 3600.00                                 |   |  |  |  |  |  |  |  |  |
| Other (specify)   | 5000.00                                 | -   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 527.20  |  |  |  |  |  |  |  |  |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | (check only one) $X$ 11a       11b         13       14         15       16         17              |
|--|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may not be sold or used by any po<br>the name and address of any political committee | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers A                              | ssociation of America Political Acti  | on Committee (PCI-PAC)   |
| Full Name (Last, First, Middle Initial) A. June Holmes                                   |   | Date of Receipt  |
| Mailing Address 409 S Vine Ave   |   | 12 31 2011   |
| City<br>Park Ridge   | State Zip Code<br>IL 60068-4145   | Transaction ID : 20111230135541-17<br>Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C   | 150.00   |
| Name of Employer   | Occupation  |  |
| PCI<br>Receipt For:<br>Primary General<br>Other (specify) ▼                              | Chief Operating Officer and Treasurer         Aggregate Year-to-Date ▼         3600.00            | ]  |
| Full Name (Last, First, Middle Initial)<br>B. David B. Hostetter                         |   | Date of Receipt  |
| Mailing Address 37154 Weymouth Dr  |   | M = M / D = D / Y = Y = Y = Y<br>12 09 _2011 _   |
| City   | State Zip Code  | Transaction ID : 20111229120151-23   |
| Livonia<br>FEC ID number of contributing<br>federal political committee.                 | MI 48152-4096   | Amount of Each Receipt this Period   |
| Name of Employer<br>Amerisure Companies  | Occupation<br>Vice President - Underwriting   |  |
| Receipt For:<br>Primary General<br>Other (specify)                                       | Aggregate Year-to-Date ▼<br>650.00  | ]  |
| Full Name (Last, First, Middle Initial)<br>C. Elizabeth Hurst                            |   | Date of Receipt  |
| Mailing Address 22300 Lakeland St  |   | M M / D D / Y Y Y Y Y<br>12 09 _2011 _   |
| City<br>Saint Clair Shores   | StateZip CodeMI48081-3711   | Transaction ID : 20111229120151-24<br>Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                               | C   | 10.00  |
| Name of Employer   | Occupation  |  |
| Amerisure Companies<br>Receipt For:  | Loss Control Tech Assistant   | _  |
| Primary General<br>Other (specify) <del>v</del>  | Aggregate Year-to-Date ▼<br>260.00  |  |
| SUBTOTAL of Receipts This Page (optional   | )   | 185.00   |

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FEC Schedule A (Form 3X) Rev. 02/2003

9

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

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|     |  |  | Detailed Summary Page      |                 | 11a<br>13 |         | 11b<br>14 | 11c       |        | 12<br>16 | 17    |  |  |  |  |
|-----|--|--|----------------------------|-----------------|-----------|---------|-----------|-----------|--------|----------|-------|--|--|--|--|
|     | ny information copied from such Reports and S<br>for commercial purposes, other than using the     |  |                            |                 | for the   |         | oose o    | f solicit |        | ontribu  | tions |  |  |  |  |
|     | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                                     | ociation o   | f America Political Acti   | ion C           | Comm      | nitt    | ee (I     | PCI-F     | PAC    | )        |       |  |  |  |  |
| Α.  | Full Name (Last, First, Middle Initial)<br>Micaela Isler<br>Mailing Address 980 Los Angeles Ave NE |  |                            | Date of Receipt |           |         |           |           |        |          | Ŷ     |  |  |  |  |
|     | City<br>Atlanta  | State<br>GA  | Zip Code<br>30306-3604     |                 |           |         |           | : 20111   |        |          | 18    |  |  |  |  |
|     | FEC ID number of contributing federal political committee.   | C  | 30300-3004                 |                 | Amount    | of      | Each I    | Receipt   | this F |          | .00   |  |  |  |  |
|     | Name of Employer   | Occupation   |                            |                 |           |         |           |           |        |          |       |  |  |  |  |
|     | PCI  | Assistant V  | ce President, State Govern |                 |           |         |           |           |        |          |       |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Year-to-Date ▼<br>1200.00  | ]               |           |         |           |           |        |          |       |  |  |  |  |
| в.  | Full Name (Last, First, Middle Initial)<br>Micaela Isler   |  |                            |                 | Date of   | Re      | ceipt     |           |        |          |       |  |  |  |  |
| Cit | Mailing Address 980 Los Angeles Ave NE   |  |                            | M M             | /         | D<br>31 |           |           | 011    | Y        |       |  |  |  |  |
|     | City   | State     Zip Code       Atlanta     GA     30306-3604 |                            |                 |           |         |           |           |        |          | 18    |  |  |  |  |
|     | Atlanta  |  | Amount                     | of              | Each I    | Receipt | this F    | Period    |        |          |       |  |  |  |  |
|     | FEC ID number of contributing federal political committee.   | Ŭ  |                            |                 |           |         | 50.00     |           |        |          |       |  |  |  |  |
|     | Name of Employer<br>PCI  | yer Occupation   |                            |                 |           |         |           |           |        |          |       |  |  |  |  |
|     | Receipt For:   |  | ce President, State Govern |                 |           |         |           |           |        |          |       |  |  |  |  |
|     | Primary General<br>Other (specify)   | Aggregate  | Year-to-Date ▼<br>1200.00  | 1               |           |         |           |           |        |          |       |  |  |  |  |
| с.  | Full Name (Last, First, Middle Initial)<br>Daniel H. Johnson                                       |  |                            |                 | Date of   | Re      | ceipt     |           |        |          |       |  |  |  |  |
|     | Mailing Address 10715 David Taylor Dr<br>Ste 500   |  |                            |                 | м м<br>12 | /       | 09        |           |        | ү<br>011 | Y     |  |  |  |  |
|     | City<br>Charlotte  | StateZip CodeNC28262-2007                              |                            |                 |           |         |           |           |        |          | 26    |  |  |  |  |
|     | FEC ID number of contributing federal political committee.   | 5  |                            |                 |           |         |           |           |        |          | .00   |  |  |  |  |
|     | Name of Employer   | Occupation   |                            | $\neg$          |           |         |           |           |        |          |       |  |  |  |  |
|     | Amerisure Companies  | Assistant V  | ice President - CSC Manage |                 |           |         |           |           |        |          |       |  |  |  |  |
|     | Receipt For:         Primary       General         Other (specify) ▼                               | Aggregate  | Year-to-Date ▼<br>312.00   |                 |           |         |           |           |        |          |       |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)   |  |                            |                 |           |         | 7         |           |        | 112.     | 00    |  |  |  |  |

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

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| ••             |  |                           | Detailed Summary Page   |                   | 11a                 |                 | 11b                   | 11c        |          | 12                 |           |
|----------------|--|---------------------------|---|-------------------|---------------------|-----------------|-----------------------|------------|----------|--------------------|-----------|
| _              | windownation applied from and D  |                           | an mak har malal an una 1.1                                       |                   | 13                  |                 | 14                    | 15         |          | 16                 | 17        |
| Ar<br>or       | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the | atements ma<br>name and a | ay not be sold or used by any peddress of any political committee | erson f<br>to sol | or the<br>licit cor | pur<br>htrib    | pose of<br>outions fr | soliciting | 1 cont   | tributi.<br>1mitte | ons<br>e. |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |                           |   |                   |                     |                 |                       |            |          |                    |           |
| $\Big\rangle$  | Property Casualty Insurers Asso  | ciation o                 | f America Political Acti  | on C              | ;omn                | niti            | tee (P                | CI-PA      | \C)      |                    |           |
| A.             | Full Name (Last, First, Middle Initial)<br>Robert Jones  |                           |   |                   | Date of             | Re              | eceipt                |            |          |                    |           |
|                | Mailing Address 26777 Halsted Rd   |                           |   |                   | м м<br>12           | /               | 09                    | / Y        | y<br>201 |                    | Ŷ         |
|                | City   | State                     | Zip Code  |                   | Trans               | act             | ion ID :              | 2011122    | 9120     | 151-2              | 7         |
|                | Farmington Hills   | MI                        | 48331-3577  | A                 | ۹mount              | t of            | Each R                | eceipt th  | is Pe    | riod               |           |
|                | FEC ID number of contributing federal political committee.                                       | С                         |   |                   |                     |                 | 3                     | 3          | _        | 10.0               | 00        |
|                | Name of Employer   | Occupation                |   | $\neg$            |                     |                 |                       |            |          |                    |           |
|                | Amerisure Companies  | Senior Worl               | kers Compensation Supervisor                                      |                   |                     |                 |                       |            |          |                    |           |
|                | Receipt For:   | Aggregate                 | Year-to-Date ▼  |                   |                     |                 |                       |            |          |                    |           |
|                | Primary General<br>Other (specify) ▼   |                           | 260.00  | 1                 |                     |                 |                       |            |          |                    |           |
| в.             | Full Name (Last, First, Middle Initial)<br>Scott A. Joyner                                       |                           |   |                   | Date of             | <sup>:</sup> Re | ceipt                 |            |          |                    |           |
|                | Mailing Address 57 E Delaware Pl<br>Apt 2105   |                           |   |                   | м м<br>12           | /               | 15                    | / Y        | y<br>201 |                    | Y         |
|                | City   | State<br>IL               | Zip Code  |                   |                     |                 |                       | 2011122    |          |                    | 0         |
|                | Chicago  |                           | 60611-1619  | #                 | 4mount              | t of            | ⊢ach R                | eceipt th  | ns Pe    | riod               | _         |
|                | FEC ID number of contributing federal political committee.                                       | С                         |   |                   |                     | -               | -<br>-                |            |          | 55.0               | 0         |
|                | Name of Employer   | Occupation                |   |                   |                     |                 |                       |            |          |                    |           |
|                | PCI  |                           | ent, Information Technology                                       |                   |                     |                 |                       |            |          |                    |           |
|                | Receipt For:   | Aggregate                 | Year-to-Date ▼  |                   |                     |                 |                       |            |          |                    |           |
|                | Other (specify) V  |                           | 1848.50   |                   |                     |                 |                       |            |          |                    |           |
| с.             | Full Name (Last, First, Middle Initial)<br>Scott A. Joyner                                       |                           |   |                   | Date of             | <sup>:</sup> Re | ceipt                 |            |          |                    |           |
|                | Mailing Address 57 E Delaware Pl<br>Apt 2105   |                           |   | ]                 | м м<br>12           | 1               | D D<br>31             | / Y        | ,<br>201 | Y<br>1             | Y         |
|                | City   | State                     | Zip Code  |                   |                     |                 |                       | 2011123    |          |                    | 0         |
|                | Chicago  | IL                        | 60611-1619  | A                 | ۹mount              | t of            | Each R                | eceipt th  | nis Pe   | riod               |           |
|                | FEC ID number of contributing federal political committee.                                       | С                         |   |                   |                     |                 | ,                     | 3          | _        | 55.0               | 00        |
|                | Name of Employer   | Occupation                |   | $\neg$            |                     |                 |                       |            |          |                    |           |
|                | PCI  | Vice Presid               | ent, Information Technology                                       |                   |                     |                 |                       |            |          |                    |           |
|                | Receipt For:   | Aggregate                 | Year-to-Date ▼  |                   |                     |                 |                       |            |          |                    |           |
|                | Primary General<br>Other (specify) ▼   |                           | 1848.50   |                   |                     |                 |                       |            |          |                    |           |
| s              | UBTOTAL of Receipts This Page (optional)   |                           |   |                   |                     | Ξ               | 7                     | 7          | Ξ        | 120.0              | 0         |
|                |  |                           |   | - i               |                     | -               |                       |            | -        | -                  |           |

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| S                     | SCHEDULE A (FEC Form 3X)   |              |  | FOR LINE NUMBER: PAGE 33 OF 74  |  |  |  |  |  |
|-----------------------|--|--------------|--|---|--|--|--|--|--|
| IT                    | EMIZED RECEIPTS  |              | Use separate schedule(s)<br>for each category of the | (check only one)  |  |  |  |  |  |
|                       |  |              | Detailed Summary Page                                | X 11a 11b 11c 12<br>13 14 15 16 17                                    |  |  |  |  |  |
| Ar                    | y information copied from such Reports and S                         | tatements ma | ay not be sold or used by any po                     | erson for the purpose of soliciting contributions                     |  |  |  |  |  |
| or                    | for commercial purposes, other than using the                        | name and a   | ddress of any political committee                    | to solicit contributions from such committee.                         |  |  |  |  |  |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso       | ociation c   | of America Political Acti                            | on Committee (PCI-PAC)  |  |  |  |  |  |
| A.                    | Full Name (Last, First, Middle Initial)<br>Joe L. Kaiser             |              |  | Date of Receipt   |  |  |  |  |  |
|                       | Mailing Address 4415 161st St  |              |  | 12 29 2011  |  |  |  |  |  |
|                       | City   | State<br>IA  | Zip Code<br>50323-2419                               | Transaction ID : 20120105132047-21                                    |  |  |  |  |  |
|                       | Urbandale  | IA           | 50323-2419   | Amount of Each Receipt this Period                                    |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.           | С            |  | 20.00   |  |  |  |  |  |
|                       | Name of Employer   | Occupation   | 1  |   |  |  |  |  |  |
|                       | FBL Financial Group  | Vice Presid  | ent, Crop Insurance & Risk                           |   |  |  |  |  |  |
|                       | Receipt For:<br>Primary General                                      | Aggregate    | Year-to-Date ▼                                       |   |  |  |  |  |  |
|                       | Other (specify)  |              | 240.00   |   |  |  |  |  |  |
| В.                    | Full Name (Last, First, Middle Initial)<br>Jane E. Keister           |              |  | Date of Receipt   |  |  |  |  |  |
|                       | Mailing Address 604 W Walnut St                                      |              |  | M M / D D / Y Y Y Y   |  |  |  |  |  |
|                       |  | Otata        | Zin Oada   | 12 29 2011  |  |  |  |  |  |
|                       | City<br>Riley  | State<br>KS  | Zip Code<br>66531-9644                               | Transaction ID : 20120105132047-23                                    |  |  |  |  |  |
|                       | FEC ID number of contributing  |              | 00001 0044   | Amount of Each Receipt this Period                                    |  |  |  |  |  |
|                       | federal political committee.   | C            |  | 33.26   |  |  |  |  |  |
|                       | Name of Employer<br>FBL Financial Group                              | Occupation   |  |   |  |  |  |  |  |
|                       | Receipt For:   | Insurance E  |  | _   |  |  |  |  |  |
|                       | Primary General  | Aggregate    | Year-to-Date ▼                                       |   |  |  |  |  |  |
|                       | Other (specify)  |              | , 400.00   |   |  |  |  |  |  |
| —<br>c.               | Full Name (Last, First, Middle Initial)<br>Roy D. Kinnan             |              |  | Date of Receipt   |  |  |  |  |  |
|                       | Mailing Address 46139 Galway Dr                                      |              |  | 12 09 2011  |  |  |  |  |  |
|                       | City<br>Novi   | State<br>MI  | Zip Code<br>48374-3972                               | Transaction ID : 20111229120151-28 Amount of Each Receipt this Period |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.           |              | 25.00  |   |  |  |  |  |  |
|                       | Name of Employer   | Occupation   | 1  | _   |  |  |  |  |  |
|                       | Amerisure Companies  | Chief Finar  | ncial Officer & Treasurer, A                         |   |  |  |  |  |  |
|                       | Receipt For:         Primary       General         Other (specify) ▼ | Aggregate    | Year-to-Date ▼<br>650.00                             |   |  |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)                             |              | · · · · · · · · · · · · · · · · · · ·                | 78.26   |  |  |  |  |  |

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

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|           | EMIZED RECEIPTS  |              | Detailed Summary Page        | X 11a 11b 11c 12                   |  |  |  |  |  |  |  |  |  |
|-----------|--|--------------|------------------------------|------------------------------------|--|--|--|--|--|--|--|--|--|
|           | y information copied from such Reports and S for commercial purposes, other than using the |              |                              |                                    |  |  |  |  |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                             | ociation o   | f America Political Acti     | on Committee (PCI-PAC)             |  |  |  |  |  |  |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>Andrea L. Koehler                               |              |                              | Date of Receipt                    |  |  |  |  |  |  |  |  |  |
|           | Mailing Address 7691 E Claymore Ct   |              |                              | 12 09 2011                         |  |  |  |  |  |  |  |  |  |
|           | City   | State        | Zip Code                     | Transaction ID : 20111229120151-29 |  |  |  |  |  |  |  |  |  |
|           | Canton   | MI           | 48187-1810                   | Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                 | С            |                              | 10.00                              |  |  |  |  |  |  |  |  |  |
|           | Name of Employer   | Occupation   |                              |                                    |  |  |  |  |  |  |  |  |  |
|           | Amerisure Companies  | Assistant C  | ontroller                    |                                    |  |  |  |  |  |  |  |  |  |
|           | Receipt For:   | Aggregate    | Year-to-Date ▼               |                                    |  |  |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |              | 260.00                       |                                    |  |  |  |  |  |  |  |  |  |
| В.        | Full Name (Last, First, Middle Initial)<br>Kevin B. Korte                                  |              |                              | Date of Receipt                    |  |  |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 419058  |              |                              | 12 09 _2011 _                      |  |  |  |  |  |  |  |  |  |
|           | City   | State        | Zip Code                     | Transaction ID : 20111229120151-30 |  |  |  |  |  |  |  |  |  |
|           | Saint Louis  | MO           | 63141-9058                   | Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                 | С            |                              | 8.00                               |  |  |  |  |  |  |  |  |  |
|           | Name of Employer   | Occupation   |                              | -                                  |  |  |  |  |  |  |  |  |  |
|           | Amerisure Companies  | Assistant Cl | aims Manager                 |                                    |  |  |  |  |  |  |  |  |  |
|           | Receipt For:   | Aggregate    | Year-to-Date ▼               |                                    |  |  |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify)   |              | 208.00                       |                                    |  |  |  |  |  |  |  |  |  |
| <u>с.</u> | Full Name (Last, First, Middle Initial)<br>Richard J. Kypta                                |              |                              | Date of Receipt                    |  |  |  |  |  |  |  |  |  |
|           | Mailing Address 1420 Tulip Tree Ln   |              |                              | 12 29 _2011 _                      |  |  |  |  |  |  |  |  |  |
|           | City   | State        | Zip Code                     | Transaction ID : 20120105132047-27 |  |  |  |  |  |  |  |  |  |
|           | West Des Moines  | IA           | 50266-6665                   | Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                 | С            |                              | 50.00                              |  |  |  |  |  |  |  |  |  |
|           | Name of Employer   | Occupation   |                              | -                                  |  |  |  |  |  |  |  |  |  |
|           | FBL Financial Group  | Executive V  | /ice President Farm Bureau L |                                    |  |  |  |  |  |  |  |  |  |
|           | Receipt For:   |              | Year-to-Date ▼               | 1                                  |  |  |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |              | 600.00                       |                                    |  |  |  |  |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |              | ••••••                       | 68.00                              |  |  |  |  |  |  |  |  |  |

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|             |   |                            | Use separate schedule(s)  | (C   | (check only one) |            |        |           |                       |          |     |  |  |  |
|-------------|---|----------------------------|---|--|------------------|------------|--------|-----------|-----------------------|----------|-----|--|--|--|
| 110         |   |                            | for each category of the<br>Detailed Summary Page                     |  | X 11a            | 11         |        | 11c<br>15 |                       | 12<br>16 | 17  |  |  |  |
| Any<br>or f | v information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and a | ay not be sold or used by any pe<br>ddress of any political committee | ersoi<br>to  | n for the        | purpos     | e of s | oliciting | ليا<br>cor ز<br>h cor | ntributi | ons |  |  |  |
|             | NAME OF COMMITTEE (In Full)   |                            |   |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Property Casualty Insurers Asso   | ociation o                 | f America Political Acti  | on   | Comm             | hittee     | e (P0  | CI-PA     | ۱C)                   |          |     |  |  |  |
|             | Full Name (Last, First, Middle Initial)   |                            |   |  |                  |            |        |           |                       |          |     |  |  |  |
|             |   |                            |   |  | Date of Receipt  |            |        |           |                       |          |     |  |  |  |
| I           | Mailing Address 218 Ely Dr S  |                            |   |  |                  | / [        | D      | / Y       |                       | Y        | Y   |  |  |  |
|             | City State Zip Code   |                            |   |  |                  | oction     | 09     | 011122    |                       | 0151 2   | 94  |  |  |  |
|             | Northville  | MI                         |   | Transaction ID : 20111229120151-31<br>Amount of Each Receipt this Period |                  |            |        |           |                       |          |     |  |  |  |
|             | FEC ID number of contributing<br>rederal political committee.                                 | С                          |   |  | 10.00            |            |        |           |                       |          |     |  |  |  |
| 1           | Name of Employer  | Occupation                 |   | -  |                  |            |        |           |                       |          |     |  |  |  |
|             | Amerisure Companies   |                            | Claims Supervisor   |  |                  |            |        |           |                       |          |     |  |  |  |
| Ī           | Receipt For:  | Aggregate Year-to-Date ▼   |   |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Primary General   |                            |   |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Other (specify)   |                            | 260.00  |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Full Name (Last, First, Middle Initial)<br>Krista LeBaron                                     |                            |   |  | Date of          | Recei      | pt     |           |                       |          |     |  |  |  |
|             | Mailing Address 1208 W Northwest Hwy  |                            |   |  | M M              | / [        | D      | / Y       |                       | Y        | Y   |  |  |  |
|             | City  | State                      | Zip Code  | _  | 12               | <u>ا ا</u> | 15     |           | 20                    |          |     |  |  |  |
|             | Arlington Heights   | IL                         | 60004-5249  | ┢  | Amount           |            |        | 011122    |                       |          | 2   |  |  |  |
| -           |   | _                          |   |  | Amount           |            |        |           | 115 F (               | enou     | _   |  |  |  |
|             | FEC ID number of contributing<br>rederal political committee.                                 | C                          |   |  | L.               | - 7        |        | 7         | _                     | 10.0     | 00  |  |  |  |
|             | Name of Employer  | Occupation                 |   |  |                  |            |        |           |                       |          |     |  |  |  |
|             | 2CI   | Assistant G                | eneral Counsel  |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Receipt For:  | Aggregate                  | Year-to-Date <b>V</b>   |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Other (specify)   |                            | 240.00  |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Full Name (Last, First, Middle Initial)<br>Krista LeBaron                                     |                            |   |  | Date of          | Recei      | pt     |           |                       |          |     |  |  |  |
|             | Mailing Address 1208 W Northwest Hwy  |                            |   |  |                  | / [        | 31     | / Y       | 20                    | Y<br>11  | Y   |  |  |  |
|             | City  | State                      | Zip Code  |  | Trans            | action     | ID : 2 | 011123    | 3013                  | 5541-2   | 22  |  |  |  |
| -           | Arlington Heights   | IL                         | 60004-5249  |  | Amount           | of Ea      | ch Re  | ceipt th  | nis Po                | eriod    |     |  |  |  |
|             | FEC ID number of contributing<br>rederal political committee.                                 | С                          |   |  |                  | 7          |        | 7         | _                     | 10.      | 00  |  |  |  |
| l           | Name of Employer  | Occupation                 |   | $\neg$   |                  |            |        |           |                       |          |     |  |  |  |
|             | PCI   | Assistant General Counsel  |   |  |                  |            |        |           |                       |          |     |  |  |  |
| Ī           | Receipt For:  | Aggregate                  | Year-to-Date ▼  |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Primary General   |                            |   |  |                  |            |        |           |                       |          |     |  |  |  |
|             | Other (specify)   |                            | 240.00  |  |                  |            |        |           |                       |          |     |  |  |  |
| รเ          | JBTOTAL of Receipts This Page (optional)  |                            |   | •<br>•   | <u>_</u>         | - 1        |        | 7         | _                     | 30.0     | 00  |  |  |  |

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|            | EMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|------------|--|---|---|--|--|--|--|--|--|
|            |  | Statements may not be sold or used by any per<br>he name and address of any political committee |   |  |  |  |  |  |  |
|            | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers As | on Committee (PCI-PAC)  |   |  |  |  |  |  |  |
| <u>А</u> . | Full Name (Last, First, Middle Initial)<br>Patrick I. Leeper | Date of Receipt   |   |  |  |  |  |  |  |
|            | Mailing Address 1134 W Ward Pkwy                             | 12 16 / Y Y Y Y Y Y   |   |  |  |  |  |  |  |
|            | City   | Transaction ID : 20111230113602-6   |   |  |  |  |  |  |  |
|            | Springfield  | MO 65810-2581   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | C   | 25.00   |  |  |  |  |  |  |
|            | Name of Employer   | Occupation  | _   |  |  |  |  |  |  |
|            | American National Property and Casualt                       |   |   |  |  |  |  |  |  |
|            | Receipt For:   |   |   |  |  |  |  |  |  |
|            | Primary General  | Aggregate Year-to-Date ▼  |   |  |  |  |  |  |  |
|            | Other (specify)  | 300.00  |   |  |  |  |  |  |  |
| В.         | Full Name (Last, First, Middle Initial)<br>Randy M. Lester   |   | Date of Receipt   |  |  |  |  |  |  |
| Β.         | Mailing Address 501 Hickory Lake Dr                          | 12 09 _2011 _   |   |  |  |  |  |  |  |
|            | City   | State Zip Code  | Transaction ID : 20111229120151-32  |  |  |  |  |  |  |
|            | Brandon  | FL 33511-6337   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | C   | 15.00   |  |  |  |  |  |  |
|            | Name of Employer   | Occupation  | _   |  |  |  |  |  |  |
|            | Amerisure Companies  | Regional Vice President   |   |  |  |  |  |  |  |
|            | Receipt For:   | Aggregate Year-to-Date ▼  | _   |  |  |  |  |  |  |
|            | Primary General  |   |   |  |  |  |  |  |  |
|            | Other (specify)  | 390.00  |   |  |  |  |  |  |  |
|            | Full Name (Last, First, Middle Initial)<br>Roger D. Link     | Date of Receipt   |   |  |  |  |  |  |  |
|            | Mailing Address 3301 E Ray Rd                                |   |   |  |  |  |  |  |  |
|            | Apt 3058   | 12 29 2011  |   |  |  |  |  |  |  |
|            | City   | State Zip Code  | Transaction ID : 20120105132047-29  |  |  |  |  |  |  |
|            | Gilbert  | AZ 85296-4569   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | 20.00   |   |  |  |  |  |  |  |
|            | Name of Employer   | _   |   |  |  |  |  |  |  |
|            | FBL Financial Group  | Sr. Litigation Claim Specialist   |   |  |  |  |  |  |  |
|            | Receipt For:   | Aggregate Year-to-Date ▼  |   |  |  |  |  |  |  |
|            | Primary General<br>Other (specify) ▼                         | 240.00  |   |  |  |  |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional).                    | ▶   | 60.00   |  |  |  |  |  |  |

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

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# SCHEDULE A (FEC Form 3X) I

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|                       |  | Use separate schedule(s)   |   |      |                                | y one | e)                       |                      |                 |                |         |
|-----------------------|--|----------------------------|---|------|--------------------------------|-------|--------------------------|----------------------|-----------------|----------------|---------|
| 11                    | EMIZED RECEIPIS  |                            | for each category of the<br>Detailed Summary Page |      | X 11a                          |       | 11b                      | 11c                  |                 | 12             | <b></b> |
| Ar                    | ny information copied from such Reports and for commercial purposes, other than using th | Statements ma              | ay not be sold or used by any po                  |      | 13<br>n for the<br>solicit cor | purp  | 14<br>ose of<br>itions f | soliciting           | g cont          | 16<br>tributio | 0ns     |
| $\vdash$              | NAME OF COMMITTEE (In Full)  | o name anu a               |   | , 10 | Sonort COI                     |       |                          | Sin Suci             |                 | minue          |         |
| $\left \right\rangle$ | Property Casualty Insurers Ass   | sociation o                | f America Political Acti                          | ion  | Comn                           | nitte | ee (P                    | CI-PA                | AC)             |                |         |
| Α.                    | Full Name (Last, First, Middle Initial)<br>Tom Litjen                                    |                            |   |      | Date of                        | Rec   | ceipt                    |                      |                 |                |         |
|                       | Mailing Address 444 N Capitol St NW<br>Ste 801   |                            |   |      | M M<br>12                      | /     | 14                       | / Y                  | 20 <sup>2</sup> | Y 11           | ſ       |
|                       | City<br>Washington   | State<br>DC                | Zip Code<br>20001-1508                            |      |                                |       |                          | 5BBD09<br>eceipt th  |                 |                | 2AE8D   |
|                       | FEC ID number of contributing federal political committee.                               | C                          |   |      |                                |       | ,                        |                      |                 | 25.0           | 00      |
|                       | Name of Employer<br>PCI  | Occupation<br>Vice Preside | ent, Federal Government Rel                       |      |                                |       |                          |                      |                 |                |         |
|                       | Receipt For:<br>Primary General  | Aggregate                  | Year-to-Date ▼                                    |      |                                |       |                          |                      |                 |                |         |
|                       | Other (specify)  | L                          | 2525.08   |      |                                |       |                          |                      |                 |                |         |
| в.                    | Full Name (Last, First, Middle Initial)<br>Tom Litjen                                    |                            |   |      | Date of                        | Rec   | ceipt                    |                      |                 |                |         |
|                       | Mailing Address 3917 Barcroft Mews Ct  |                            |   |      |                                |       |                          | / Y                  | y<br>201        | Y 1            |         |
|                       | City   | State                      | Zip Code  |      |                                |       |                          | 2011122              |                 |                | 4       |
|                       | Falls Church   | VA                         | 22041-1235  |      | Amount                         | ofE   | Each R                   | eceipt th            | nis Pe          | riod           | _       |
|                       | FEC ID number of contributing federal political committee.                               | С                          |   |      | L                              |       | ,                        |                      |                 | 104.1          | 7       |
|                       | Name of Employer<br>PCI  | Occupation<br>Vice Preside | ent, Federal Government Rel                       |      |                                |       |                          |                      |                 |                |         |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼                                     | Aggregate                  | Year-to-Date ▼<br>2525.08                         |      |                                |       |                          |                      |                 |                |         |
| <u>с</u> .            | Full Name (Last, First, Middle Initial)<br>Tom Litjen                                    |                            |   |      | Date of                        | Rec   | ceipt                    |                      |                 |                |         |
|                       | Mailing Address 3917 Barcroft Mews Ct  |                            |   |      | 12                             | /     | 31                       | / Y                  | 201             |                |         |
|                       | City<br>Falls Church   | State<br>VA                | Zip Code<br>22041-1235                            | _    |                                |       |                          | 2011123<br>eceipt th |                 |                | 4       |
|                       | FEC ID number of contributing federal political committee.                               | С                          |   |      |                                |       | 9                        |                      |                 | 104.1          | 7       |
|                       | Name of Employer   | Occupation                 |   |      |                                |       |                          |                      |                 |                |         |
|                       | PCI  | Vice Presid                | ent, Federal Government Rel                       |      |                                |       |                          |                      |                 |                |         |
|                       | Receipt For:   | Aggregate                  | Year-to-Date ▼                                    |      |                                |       |                          |                      |                 |                |         |
|                       | Other (specify)  |                            | 2525.08   |      |                                |       |                          |                      |                 |                |         |
| s                     | <b>UBTOTAL</b> of Receipts This Page (optional)  |                            |   | •    |                                |       | ,                        |                      | _               | 233.3          | 4       |

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# SCHEDULE A (FEC Form 3X) I

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | -  | Use separate schedule(s)   | (check      | only c     | one)            | L           |                          | -         |          |
|---|--|--|-------------|------------|-----------------|-------------|--------------------------|-----------|----------|
| ILEIVIIZED RECEIPIS   |  | for each category of the<br>Detailed Summary Page                    | X 11        |            | 11b<br>14       | 11c         |                          | 12<br>16  | 17       |
| Any information copied from such Reports<br>or for commercial purposes, other than us | and Statements ma<br>sing the name and a | ay not be sold or used by any p<br>ddress of any political committee | erson for t | he pu      | irpose of       | f solicitin | g con                    | tributio  | ons      |
| NAME OF COMMITTEE (In Full)   |  |  |             |            |                 |             |                          |           |          |
| Property Casualty Insurers  | Association c                            | f America Political Act  | ion Cor     | nmit       | ttee (F         | PCI-P/      | ۹C)                      |           |          |
| Full Name (Last, First, Middle Initial)<br>A. James M. Mangan                         |  |  | Date        | e of R     | leceipt         |             |                          |           |          |
| Mailing Address 26777 Halsted Rd  |  |  | M           | М          | / D I           | D / Y       |                          | Y Y       | 4        |
| City  | State                                    | Zip Code   |             | 2<br>ansac | 09<br>tion ID - | 201112      | 20 <sup>.</sup><br>29120 |           | 4        |
| Farmington Hills  | MI                                       | 48331-3577   |             |            |                 | Receipt th  |                          |           | <u>+</u> |
| FEC ID number of contributing federal political committee.                            | C  |  |             |            | 7               |             | _                        | 10.0      | )0       |
| Name of Employer  | Occupation                               |  |             |            |                 |             |                          |           |          |
| Amerisure Companies   | Vice Presid                              | ent  |             |            |                 |             |                          |           |          |
| Receipt For:  | Aggregate                                | Year-to-Date ▼   |             |            |                 |             |                          |           |          |
| Primary General   |  | 00.000   | 1           |            |                 |             |                          |           |          |
| Other (specify)   |  | 260.00   |             |            |                 |             |                          |           |          |
| Full Name (Last, First, Middle Initial)<br>B. Deirdre Manna                           |  |  | Date        | e of R     | leceipt         |             |                          |           |          |
| Mailing Address 1548 Maple Ave  |  |  |             | 2          | / D 15          | D / Y       | _ 201                    | ү ү<br>11 |          |
| City  | State                                    | Zip Code   |             |            |                 | 2011122     |                          |           | 5        |
| Northbrook  | IL                                       | 60062-5475   | Amo         | ount o     | f Each F        | Receipt tl  | his Pe                   | eriod     |          |
| FEC ID number of contributing federal political committee.                            | С  |  |             | _          | 9               |             |                          | 50.0      | 0        |
| Name of Employer  | Occupation                               |  | _           |            |                 |             |                          |           |          |
| PCI   | Vice Preside                             | ent, Industry, Regulatory a  |             |            |                 |             |                          |           |          |
| Receipt For:<br>Primary General   | Aggregate                                | Year-to-Date ▼   |             |            |                 |             |                          |           |          |
| Other (specify)   |  | 1200.00  | 1           |            |                 |             |                          |           |          |
| Full Name (Last, First, Middle Initial)<br>C. Deirdre Manna                           |  |  | Date        | e of R     | leceipt         |             |                          |           |          |
| Mailing Address 1548 Maple Ave  |  |  |             | 2          | / 31            |             | _201                     | 11        | r        |
| City  | State                                    | Zip Code   | Tra         | ansac      | tion ID :       | : 201112:   |                          |           | :5       |
| Northbrook  | IL                                       | 60062-5475   | Amo         | unt o      | f Each F        | Receipt tl  | his Pe                   | eriod     |          |
| FEC ID number of contributing federal political committee.                            | C  |  |             |            | 7               | 7           |                          | 50.0      | 00       |
| Name of Employer  | Occupation                               |  |             |            |                 |             |                          |           |          |
| PCI   | Vice Presid                              | ent, Industry, Regulatory a  |             |            |                 |             |                          |           |          |
| Receipt For:  | Aggregate                                | Year-to-Date ▼   |             |            |                 |             |                          |           |          |
| Primary General   |  |  | 11          |            |                 |             |                          |           |          |
| Other (specify)   |  | 1200.00  |             |            |                 |             |                          |           |          |
| SUBTOTAL of Receipts This Page (optic   | nal)                                     |  |             |            | 7               | - 7         | -                        | 110.0     | 0        |

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|   |                                  | Detailed Summary Page                   |       | 11a             |       | 111   |                 | 11c              |                | 12        |    |
|---|----------------------------------|---|-------|-----------------|-------|-------|-----------------|------------------|----------------|-----------|----|
| Any information conied from such Departs and C  | av not be cold or used by one of |   | 13    |                 | 14    |       | 15<br>oliciting |                  | 16<br>atributi | 17<br>005 |    |
| Any information copied from such Reports and S or for commercial purposes, other than using the | name and a                       | iddress of any political committee      | to so | licit cor       | ntrib | pose  | ons fro         | onciano<br>m suc | h co           | mmitte    | e. |
| NAME OF COMMITTEE (In Full)   |                                  |   | -     |                 |       |       | /               |                  |                |           |    |
| Property Casualty Insurers Asso   | ociation c                       | of America Political Action             | on C  | comm            | nitt  | ee    | e (PC           | CI-PA            | AC)            |           |    |
| Full Name (Last, First, Middle Initial)<br>A. Ben McKay   |                                  |   |       | Date of         | Re    | eceip | pt              |                  |                |           |    |
| Mailing Address 5317 Yorktown Blvd  |                                  |   |       | M M             | /     | D     | D D             | / Y              | Y              | Y         | Y  |
|   | Ctoto                            | Zin Code                                | _     | 12              | ١.    | L     | 15              |                  |                | 011       |    |
| City<br>Arlington   | State<br>VA                      | Zip Code<br>22207-1528                  |       | Trans<br>Amount |       | -     |                 | 011122           |                |           | 26 |
| FEC ID number of contributing   |                                  |   | _ ′   | Amount          |       | Lau   |                 | ceipt ti         | 115 F          |           | -  |
| federal political committee.  | C                                |   |       |                 | _     | 7     |                 | - 7              |                | 104.      | 17 |
| Name of Employer  | Occupation                       | I                                       |       |                 |       |       |                 |                  |                |           |    |
| PCI   | Senior Vice                      | President, Federal Governm              |       |                 |       |       |                 |                  |                |           |    |
| Receipt For:  | Aggregate                        | Year-to-Date ▼                          |       |                 |       |       |                 |                  |                |           |    |
| Other (specify) ▼   |                                  | 3950.08                                 |       |                 |       |       |                 |                  |                |           |    |
|   |                                  |   |       |                 |       |       |                 |                  |                |           |    |
| Full Name (Last, First, Middle Initial)<br>B. Ben McKay   |                                  |   |       | Date of         | De    |       | nt              |                  |                |           |    |
| Mailing Address 5317 Yorktown Blvd  |                                  |   | - '   |                 | Re    |       | רם כ            | ( V              | v              | V         | v  |
|   |                                  |   |       | 12              | /     |       | 31              | / т              | _ 20           | 11        | Ť  |
| City  | State                            | Zip Code                                |       | Trans           | acti  | ion   | ID : 2          | 011123           | 013            | 5541-2    | 26 |
| Arlington   | VA                               | 22207-1528                              | /     | Amount          | of    | Eac   | ch Re           | ceipt th         | nis P          | eriod     |    |
| FEC ID number of contributing federal political committee.                                      | С                                |   |       |                 |       | 7     |                 | ŋ                |                | 104.      | 17 |
| Name of Employer  | Occupation                       | 1                                       | _     |                 |       |       |                 |                  |                |           |    |
| PCI   | Senior Vice                      | President, Federal Governm              |       |                 |       |       |                 |                  |                |           |    |
| Receipt For:  | Aggregate                        | Year-to-Date 🔻                          |       |                 |       |       |                 |                  |                |           |    |
| Other (specify) ▼   |                                  | 3950.08                                 |       |                 |       |       |                 |                  |                |           |    |
|   |                                  | , |       |                 |       |       |                 |                  |                |           |    |
| Full Name (Last, First, Middle Initial)<br>C. Ronald L. Mead                                    |                                  |   | [     | Date of         | Re    | eceip | pt              |                  |                |           |    |
| Mailing Address 2972 Country Ridge Ln   |                                  |   |       | м м<br>12       | /     | D     | 29              | / Y              |                | )<br>11   | Y  |
| City  | State                            | Zip Code                                |       | Trans           | acti  | ion   | ID : 2          | 012010           | 0513           | 2047-:    | 31 |
| Syracuse  | NE                               | 68446-7849                              | /     | Amount          | of    | Eac   | ch Re           | ceipt th         | nis P          | eriod     |    |
| FEC ID number of contributing federal political committee.                                      | С                                |   |       |                 | _     | 7     |                 | ŋ                |                | 25.       | 00 |
| Name of Employer  | Occupation                       | 1                                       |       |                 |       |       |                 |                  |                |           |    |
| FBL Financial Group   | Senior Dire                      | ctor of Agencies                        |       |                 |       |       |                 |                  |                |           |    |
| Receipt For:  | Aggregate                        | Year-to-Date ▼                          |       |                 |       |       |                 |                  |                |           |    |
| Other (specify) ▼   |                                  | 300.00                                  |       |                 |       |       |                 |                  |                |           |    |
|   |                                  | 7                                       |       |                 |       |       |                 |                  |                |           |    |
| SUBTOTAL of Receipts This Page (optional)   |                                  |   |       |                 |       | 7     |                 | - 7              |                | 233.3     | 34 |

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|                                      |                                |              | Detailed Summary Page   |   | 11a       |      | 11b    |         | 11c      | 12         | <b>_</b> |  |  |  |  |
|--------------------------------------|--------------------------------|--------------|---|---|-----------|------|--------|---------|----------|------------|----------|--|--|--|--|
|                                      |                                |              | ay not be sold or used by any p<br>ddress of any political committe |   |           |      |        |         |          |            |          |  |  |  |  |
|                                      |                                |              | duress of any pointeal commute                                      | 0 10 301                                  |           |      | Julion | 13 110  | 500      |            |          |  |  |  |  |
|                                      | · ·                            | ssociation o | f America Political Act   | tion C                                    | omn       | nitt | tee    | (P0     | CI-PA    | NC)        |          |  |  |  |  |
| Full Name (Last, Susan M. Mill       | First, Middle Initial)<br>Ier  |              |   | [   | Date of   | f Re | eceip  | t       |          |            |          |  |  |  |  |
| Mailing Address                      | 1421 Linden Ave                |              |   |   | M M<br>12 | /    |        | D<br>15 | / Y      | 2011       | Y        |  |  |  |  |
| City                                 |                                | State        | Zip Code  |   | Trans     | act  | ion I  | D : 2   | 011122   | 29161659   | -27      |  |  |  |  |
| Park Ridge                           |                                | IL           | 60068-5545  | A   | Amount    | t of | Each   | n Re    | ceipt th | nis Period | l        |  |  |  |  |
| FEC ID number of federal political c | Ũ                              | С            |   |   |           |      | 7      |         | 7        | 10         | 0.00     |  |  |  |  |
| Name of Employ                       | er                             | Occupation   |   |   |           |      |        |         |          |            |          |  |  |  |  |
| PCI                                  |                                | Vice Presid  | ent, Statistical Reporting  |   |           |      |        |         |          |            |          |  |  |  |  |
| Receipt For:                         |                                | Aggregate    | Year-to-Date <b>V</b>   |   |           |      |        |         |          |            |          |  |  |  |  |
| Other (spec                          | General<br>cify) <b>▼</b>      |              | 240.00  | ]   |           |      |        |         |          |            |          |  |  |  |  |
| Full Name (Last,<br>B. Susan M. Mil  | First, Middle Initial)<br>Iler |              |   |   | Date of   | f Re | eceip  | t       |          |            |          |  |  |  |  |
| Mailing Address                      | 1421 Linden Ave                |              |   | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |           |      |        |         |          |            |          |  |  |  |  |
| City                                 |                                | State        | Zip Code  |   | Trans     | acti | ion II | D:2     | 011123   | 0135541    | -27      |  |  |  |  |
| Park Ridge                           |                                | IL           | 60068-5545  | A   | Amount    | t of | Each   | n Re    | ceipt th | nis Period | l        |  |  |  |  |
| FEC ID number of federal political c | Ũ                              | C            |   |   |           |      | 7      |         | 9        | 10         | 0.00     |  |  |  |  |
| Name of Employe                      | er                             | Occupation   |   |   |           |      |        |         |          |            |          |  |  |  |  |
| PCI                                  |                                | Vice Preside | ent, Statistical Reporting  |   |           |      |        |         |          |            |          |  |  |  |  |
| Receipt For:                         |                                | Aggregate    | Year-to-Date ▼  |   |           |      |        |         |          |            |          |  |  |  |  |
| Other (spec                          | General<br>cify) ▼             |              | 240.00  | ]   |           |      |        |         |          |            |          |  |  |  |  |
| Full Name (Last, Sarah Moe           | First, Middle Initial)         |              |   |   | Date of   | f Re | eceip  | t       |          |            |          |  |  |  |  |
|                                      | 444 N Capitol St NW<br>Ste 801 |              |   |   | м м<br>12 | /    |        | D<br>12 | / Y      | 2011       | Y        |  |  |  |  |
| City<br>Washington                   |                                | State<br>DC  | Zip Code<br>20001-1508  |   |           |      |        |         |          | 57256D1    |          |  |  |  |  |
| FEC ID number of federal political c | 8                              | С            |   |   |           |      | 7      |         |          |            | 0.00     |  |  |  |  |
| Name of Employ                       | er                             | Occupation   |   |   |           |      |        |         |          |            |          |  |  |  |  |
| PCI                                  |                                | Director, Po | olitical Affairs  |   |           |      |        |         |          |            |          |  |  |  |  |
| Receipt For:                         |                                | Aggregate    | Year-to-Date ▼  |   |           |      |        |         |          |            |          |  |  |  |  |
| Other (spec                          | General<br>cify) ▼             |              | 600.00  | ]   |           |      |        |         |          |            |          |  |  |  |  |
| SUBTOTAL of Rec                      | eipts This Page (optiona       | )            |   |   |           |      | 7      |         | -        | 620        | .00      |  |  |  |  |
| TOTAL This Period                    | d (last page this line num     | ber only)    |   |   |           |      | 7      |         |          |            |          |  |  |  |  |

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|              |  |                          | Detailed Summary Page        |   | 11a       |           | 11b   |         | 11c                  |    | 12       | <b>_</b> _ |
|--------------|--|--------------------------|------------------------------|---|-----------|-----------|-------|---------|----------------------|----|----------|------------|
|              | rmation copied from such Reports and St<br>ommercial purposes, other than using the    |                          |                              |   |           |           |       |         |                      |    |          |            |
|              | e of committee (In Full)<br>perty Casualty Insurers Asso                               |                          |                              |   |           |           |       |         |                      |    |          |            |
|              | Name (Last, First, Middle Initial)<br>in C. Neitzel                                    |                          |                              | [ | Date of   | Re        | ceipt |         |                      |    |          |            |
|              | ng Address 560 Lookout Ct  |                          |                              |   | м м<br>12 | 1         |       | D<br>29 | / Y                  |    | )<br>011 | Y          |
| City<br>Wau  | kee  | State<br>IA              | Zip Code<br>50263-8435       | / |           |           |       |         | 012010               |    |          | 33         |
|              | ID number of contributing<br>al political committee.                                   | С                        |                              |   |           |           | 7     |         | ,                    | _  | 25.      | 00         |
|              | e of Employer<br>Financial Group   | Occupation               |                              |   |           |           |       |         |                      |    |          |            |
| Rece         | ipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                | Year-to-Date ▼<br>300.00     |   |           |           |       |         |                      |    |          |            |
| B. Ste       | Vame (Last, First, Middle Initial)<br>ven M. Nelson<br>ng Address 4830 Birch Hollow Dr |                          |                              |   | Date of   | Re        | · ·   |         |                      |    |          |            |
| City         | ig Address 4830 Birch Hollow Dr  | State                    | Zip Code                     |   | 12        | )<br>acti | 2     | 29      | 012010               | 20 |          | У<br>РБ    |
| Linco        | bin  | NE                       | 68516-3382                   |   |           |           |       |         | ceipt th             |    |          | 5          |
|              | ID number of contributing<br>al political committee.                                   | С                        |                              |   |           |           | 7     |         |                      | -  | 20.      | 00         |
|              | e of Employer<br>Financial Group   | Occupation<br>Business C | enter Director               |   |           |           |       |         |                      |    |          |            |
| Rece         | ipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                | Year-to-Date ▼<br>240.00     |   |           |           |       |         |                      |    |          |            |
|              | Name (Last, First, Middle Initial)<br>a Nowak  |                          |                              |   | Date of   | Re        | ceipt |         |                      |    |          |            |
|              | ng Address 2244 Innisbrook Ct  |                          |                              |   | м м<br>12 | /         |       | D<br>15 | / Y                  |    | )<br>11  | Y          |
| City<br>Aurc | ra   | State<br>IL              | Zip Code<br>60504-3239       | / |           |           |       |         | 2011122<br>eceipt th |    |          | 28         |
|              | ID number of contributing<br>al political committee.                                   | С                        |                              |   |           |           | 3     |         | ,                    | _  | 9        | 00         |
| Name         | e of Employer  | Occupation               | 1                            |   |           |           |       |         |                      |    |          |            |
| PCI          |  | Vice Presid              | lent, Commercial Lines and W |   |           |           |       |         |                      |    |          |            |
|              | ipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                | Year-to-Date ▼<br>216.00     |   |           |           |       |         |                      |    |          |            |
| SUBTO        | )<br>TAL of Receipts This Page (optional)  |                          |                              | . |           |           |       | _       |                      | =  | 54.      | 00         |
| TOTAL        | This Period (last page this line number of   | only)                    |                              |   |           |           | ,     |         |                      |    |          |            |

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

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|              | EMIZED RECEIPTS   |              | Detailed Summary Page       |        | 11a                                |      | 11b      | 11c        |       | 12       |     |  |  |  |  |
|--------------|---|--------------|-----------------------------|--------|------------------------------------|------|----------|------------|-------|----------|-----|--|--|--|--|
|              |   |              | , ,                         |        | 13                                 |      | 14       | 15         |       | 16       | 17  |  |  |  |  |
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |              |                             |        |                                    |      |          |            |       |          |     |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |              |                             |        | _                                  |      | -        |            |       |          |     |  |  |  |  |
| $\sum$       | Property Casualty Insurers Asso   | ciation o    | f America Political Act     | ion C  | Comn                               | nitt | ee (F    | PCI-P      | 4C)   |          |     |  |  |  |  |
| Α.           | Full Name (Last, First, Middle Initial)<br>Rita Nowak   |              |                             |        | Date of                            | f Re | eceipt   |            |       |          |     |  |  |  |  |
|              | Mailing Address 2244 Innisbrook Ct  |              |                             |        | м м<br>12                          | /    | 31       | ) / Y      |       | )<br>011 | Y   |  |  |  |  |
|              | City  | State        | Zip Code                    |        |                                    | acti |          | 2011123    |       |          | 28  |  |  |  |  |
|              | Aurora  | IL           | 60504-3239                  | /      | Amount                             | t of | Each R   | Receipt th | nis P | eriod    |     |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С            |                             |        |                                    |      | л. I     |            | _     | 9.       | 00  |  |  |  |  |
|              | Name of Employer  | Occupation   |                             | $\neg$ |                                    |      |          |            |       |          |     |  |  |  |  |
|              | PCI   | Vice Preside | ent, Commercial Lines and W |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Receipt For:  | Aggregate    | Year-to-Date ▼              |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Primary General   |              | 246.00                      | 1      |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Other (specify)   |              | 216.00                      |        |                                    |      |          |            |       |          |     |  |  |  |  |
| B.           | Full Name (Last, First, Middle Initial)<br>James Olsen  |              |                             |        | Date of                            | f Re | ceipt    |            |       |          |     |  |  |  |  |
| - •          | Mailing Address 5538 Durand Dr  |              |                             |        | M M                                | /    | DD       | ) / Y      | Y     | Y        | Y   |  |  |  |  |
|              |   |              |                             |        | 12                                 |      | 15       |            | 20    | 11       |     |  |  |  |  |
|              | City  | State        | Zip Code                    |        | Transaction ID : 20111229161659-29 |      |          |            |       |          |     |  |  |  |  |
|              | Downers Grove   | IL           | 60515-4265                  |        | Amount                             | t of | Each R   | Receipt th | າis P | eriod    |     |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С            |                             |        |                                    |      | 7        | 9          | _     | 10.      | 00  |  |  |  |  |
|              | Name of Employer  | Occupation   |                             | $\neg$ |                                    |      |          |            |       |          |     |  |  |  |  |
|              | PCI   | Vice Preside | ent, Accounting and Investm |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Receipt For:  | Aggregate    | Year-to-Date ▼              |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Primary General<br>Other (specify) ▼  |              | 240.00                      | 1      |                                    |      |          |            |       |          |     |  |  |  |  |
|              |   |              | 2                           | 1      |                                    |      |          |            |       |          |     |  |  |  |  |
| C.           | Full Name (Last, First, Middle Initial)<br>James Olsen  |              |                             |        | Date of                            | f Re | eceipt   | _          | _     | _        | _   |  |  |  |  |
|              | Mailing Address 5538 Durand Dr  |              |                             |        | <sup>M</sup> <sup>M</sup><br>12    | /    | 31       |            |       | )11      | Y   |  |  |  |  |
|              | City  | State        | Zip Code                    |        | Trans                              | act  | ion ID : | 201112     | 3013  | 5541-    | 29  |  |  |  |  |
|              | Downers Grove   | IL           | 60515-4265                  | _ /    | Amount                             | t of | Each R   | Receipt th | nis P | eriod    |     |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С            |                             |        |                                    |      | ,        | 3          | _     | 10       | .00 |  |  |  |  |
|              | Name of Employer  | Occupation   |                             |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | PCI   | Vice Presid  | ent, Accounting and Investm |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Receipt For:  | Aggregate    | Year-to-Date ▼              |        |                                    |      |          |            |       |          |     |  |  |  |  |
|              | Primary General<br>Other (specify) ▼  |              | 240.00                      | 1      |                                    |      |          |            |       |          |     |  |  |  |  |
|              |   |              | 1                           |        |                                    |      |          |            |       |          |     |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |              |                             |        |                                    |      | ,        |            | -     | 29.      | 00  |  |  |  |  |

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FEC Schedule A (Form 3X) Rev. 02/2003

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# SCHEDULE A (FEC Form 3X) I

Use separate schedule(s)

FOR LINE NUMBER:

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| IT.        |  |                               | Use separate schedule(s)  | (C          | heck on   | ly or | ne)      |                              |               |          |          |    |
|------------|--|-------------------------------|---|-------------|-----------|-------|----------|------------------------------|---------------|----------|----------|----|
|            | EMIZED RECEIPTS  |                               | for each category of the<br>Detailed Summary Page                     |             | X 11a     |       | 11b      | 11c                          |               | 12<br>16 | <u> </u> | 17 |
| Ai         | ny information copied from such Reports and S<br>for commercial purposes, other than using the | Statements ma<br>e name and a | ay not be sold or used by any pe<br>ddress of any political committee | ersoi<br>to | n for the | pur   | pose of  | soliciting                   | g cor<br>h co | ntributi | ons      |    |
|            | NAME OF COMMITTEE (In Full)  |                               |   |             |           |       |          |                              |               |          |          |    |
|            | Property Casualty Insurers Ass   | ociation o                    | f America Political Acti  | on          | Comr      | nitt  | ee (P    | PCI-PA                       | łC)           |          |          |    |
| Α.         | Full Name (Last, First, Middle Initial)<br>Joanne M. Orfanos                                   |                               |   |             | Date o    | f Re  | eceipt   |                              |               |          |          |    |
|            | Mailing Address 2104 Butternut Ln  |                               |   |             | M M       | /     | 15       | / Y                          |               | 011      | Y        |    |
|            | City<br>Northbrook   | State<br>IL                   | Zip Code<br>60062-6608  | _           | Trans     |       | ion ID : | <b>2011122</b><br>leceipt th | 2916          | 1659-3   | 0        |    |
|            | FEC ID number of contributing federal political committee.                                     | С                             |   |             | Amoun     |       |          |                              | 115 F         | 50.0     | 00       | ]  |
|            | Name of Employer<br>PCI  | Occupation<br>Senior Vice     | President, Membership and   |             |           |       |          |                              |               |          |          |    |
|            | Receipt For:   | Aggregate                     | Year-to-Date ▼  |             |           |       |          |                              |               |          |          |    |
|            | Other (specify)  |                               | 1950.00   |             |           |       |          |                              |               |          |          |    |
| В.         |  |                               |   |             | Date o    | of Re | eceipt   |                              |               |          |          |    |
|            | Mailing Address 2104 Butternut Ln  |                               |   |             | M M       | /     | 31       | / Y                          |               | )<br>11  | Y        |    |
|            | City   | State                         | Zip Code  |             | Trans     | sacti | on ID :  | 2011123                      | <u>3013</u>   | 5541-3   | 0        |    |
|            | Northbrook   | IL                            | 60062-6608  | _           | Amoun     | t of  | Each R   | leceipt th                   | nis P         | Period   |          |    |
|            | FEC ID number of contributing federal political committee.                                     | С                             |   |             |           |       | ,        | 7                            | _             | 50.0     | 00       |    |
|            | Name of Employer<br>PCI  | Occupation<br>Senior Vice     | President, Membership and   |             |           |       |          |                              |               |          |          |    |
|            | Receipt For:         Primary       General         Other (specify) ▼                           | Aggregate                     | Year-to-Date ▼<br>1950.00   |             |           |       |          |                              |               |          |          |    |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Leo M. Orth Jr.                                     |                               |   |             | Date o    | of Re | eceipt   |                              |               |          |          |    |
|            | Mailing Address 14614 Wilden Dr  |                               |   |             | M M       | /     | 29       | / Y                          |               | )<br>11  | Y        |    |
|            | City<br>Urbandale  | State<br>IA                   | Zip Code<br>50323-2070  |             |           |       | -        | <b>201201(</b><br>leceipt th |               |          | 86       |    |
|            | FEC ID number of contributing federal political committee.                                     | С                             |   |             |           |       | 7        |                              |               | 60.      | 00       | ]  |
|            | Name of Employer   | Occupation                    |   |             |           |       |          |                              |               |          |          |    |
|            | FBL Financial Group  | Vice Presid                   | ent Research & Development  |             |           |       |          |                              |               |          |          |    |
|            | Receipt For:         Primary       General         Other (specify)                             | Aggregate                     | Year-to-Date ▼<br>720.00  |             |           |       |          |                              |               |          |          |    |
| 5          | UBTOTAL of Receipts This Page (optional)   |                               | ····· •   | <br>-       |           |       | 7        |                              | -             | 160.0    | 00       | ]  |

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# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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| IT. |   |              | Use separate schedule(s)                          | (check      | only                 | one)       |              |  |       |     |
|-----|---|--------------|---|-------------|----------------------|------------|--------------|--|-------|-----|
| 11  | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | X 11        | - H                  | 11b        | 11c          | 12   | г     | 17  |
|     | ny information copied from such Reports and for commercial purposes, other than using t |              |   | erson for t | the p                | urpose o   | f soliciting | g contri   | butic | ns  |
|     | NAME OF COMMITTEE (In Full)   |              |   |             |                      |            |              |  |       |     |
|     | Property Casualty Insurers As   | sociation o  | f America Political Act                           | ion Cor     | nm                   | ittee (F   | PCI-PA       | łC)  |       |     |
| Α.  | Full Name (Last, First, Middle Initial)<br>Gregory V. Ostergren                         |              |   | Date        | e of I               | Receipt    |              |  |       |     |
|     | Mailing Address 5154 S Chelsea Ave  |              |   |             | <br> 2               | / 16       |              | 2011   |       | 1   |
|     | City  | State        | Zip Code  |             | -                    | ction ID : |              |  |       | )   |
|     | Springfield   | MO           | 65804-7711  |             |                      | of Each F  |              |  |       | -   |
|     | FEC ID number of contributing federal political committee.                              | С            |   |             | Ξ                    | 7          |              |  | 00.0  | 0   |
|     | Name of Employer  | Occupation   |   |             |                      |            |              |  |       |     |
|     | American National Property and Casualt  | Chairman, I  | President and Chief Executiv                      |             |                      |            |              |  |       |     |
|     | Receipt For:  | Aggregate    | Year-to-Date ▼                                    |             |                      |            |              |  |       |     |
|     | Primary General   | 33 - 3 - 4   |   | 11          |                      |            |              |  |       |     |
|     | Other (specify)   |              | 3600.00   |             |                      |            |              |  |       |     |
| в.  | Full Name (Last, First, Middle Initial)<br>Stuart M. Paulson                            |              |   | Date        | e of '               | Receipt    |              |  |       |     |
|     | Mailing Address 4781 East Lakota Court  |              |   | M           | ■<br>12              | / 16       |              | 2011   | Y Y   | 1   |
|     | City  |              | _   | ction ID :  |                      | 2011       | 12-11        |  |       |     |
|     | Springfield   | MO           | Zip Code<br>65809                                 |             |                      | of Each F  |              |  |       |     |
|     | FEC ID number of contributing federal political committee.                              | С            |   |             | _                    | 7          |              |  | 20.0  | 0   |
|     | Name of Employer  | Occupation   |   |             |                      |            |              |  |       |     |
|     | American National Property and Casualt  | Vice Preside | ent, Deputy General Counsel                       |             |                      |            |              |  |       |     |
|     | Receipt For:  | Aggregate    | Year-to-Date ▼                                    |             |                      |            |              |  |       |     |
|     | Primary General   | 33 - 3 - 4   |   | 1           |                      |            |              |  |       |     |
|     | Other (specify)   |              | 240.00  |             |                      |            |              |  |       |     |
| c.  | Full Name (Last, First, Middle Initial)<br>Matthew Peterson                             |              |   | Date        | e of '               | Receipt    |              |  |       |     |
|     | Mailing Address 1203 Baywood Cir  |              |   |             | <br>12               | / 09       |              | _2011  | Y Y   | 1   |
|     | City  | State        | Zip Code  |             |                      | ction ID   |              | _  | 51-3  | 6   |
|     | Brighton  | MI           | 48116-6761  |             |                      | of Each F  |              |  |       | •   |
|     | FEC ID number of contributing federal political committee.                              | С            |   |             | _                    | 7          |              |  | 10.0  | 0   |
|     | Name of Employer  | Occupation   |   | _           |                      |            |              |  |       |     |
|     | Amerisure Companies   | Director of  | Finance   |             |                      |            |              |  |       |     |
|     | Receipt For:  |              | Year-to-Date ▼                                    |             |                      |            |              |  |       |     |
|     | Primary General   |              |   | 1           |                      |            |              |  |       |     |
|     | Other (specify)   |              | 260.00  | 1           |                      |            |              |  |       |     |
|     | UBTOTAL of Receipts This Page (optional).   | 1            |   |             | _                    |            |              | 3;   | 30.00 | 5   |
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# SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

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| ITEMIZED RECEIPTS |  |              | Use separate schedule(s)                          | ((     | check or        | nly o   | ne)       |                   |       |                |      |
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| 11                |  |              | for each category of the<br>Detailed Summary Page |        | X 11a           |         | 11b       | 11c               |       | 12             |      |
| Ar                | ny information copied from such Reports and S                | tatements ma | w not be sold or used by any pe                   | erso   | 13<br>n for the |         | 14        | 15<br>f solicitin |       | 16<br>ntributi | 000S |
| or                | for commercial purposes, other than using the                | name and a   | ddress of any political committee                 | e to   | solicit c       | ontri   | butions   | from suc          | h co  | mmitte         | e.   |
| $\square$         | NAME OF COMMITTEE (In Full)                                  |              |   |        |                 |         |           |                   |       |                |      |
|                   | Property Casualty Insurers Asso                              | ociation o   | f America Political Acti                          | ion    | Com             | mit     | tee (F    | PCI-PA            | 4C)   | 1              |      |
| Α.                | Full Name (Last, First, Middle Initial)<br>Laura J. Pierman  |              |   |        | Date            | of R    | eceipt    |                   |       |                |      |
|                   | Mailing Address 9020 Riverwood Farms Pkwy                    |              |   |        | 12              | M       | 09        | D / Y             |       | 011            | Y    |
|                   | City   | State        | Zip Code  |        | Tran            | nsac    | tion ID : | 2011122           |       |                | 37   |
|                   | Cordova  | TN           | 38016-1672  |        | Amou            | nt of   | Each F    | Receipt th        | his F | 'eriod         |      |
|                   | FEC ID number of contributing federal political committee.   | С            |   |        |                 |         | 3         |                   |       | 8.(            | 00   |
|                   | Name of Employer   | Occupation   |   |        |                 |         |           |                   |       |                |      |
|                   | Amerisure Companies  | Claim Facili | ty Manager  |        |                 |         |           |                   |       |                |      |
|                   | Receipt For:   | Aggregate    | Year-to-Date <b>V</b>                             |        |                 |         |           |                   |       |                |      |
|                   | Primary General  |              | 200.00  | 11     |                 |         |           |                   |       |                |      |
|                   | Other (specify)  |              | 208.00  |        |                 |         |           |                   |       |                |      |
| в.                | Full Name (Last, First, Middle Initial)<br>Carla Pike        |              |   |        | Date            | of R    | eceipt    |                   |       |                |      |
|                   | Mailing Address 5221 N O Connor Blvd                         |              |   |        | M               | M       | / D       | D / Y             | Y     | Y              | Y    |
|                   | Ste 400  |              | 12  |        | 09              |         | 20        | 011               |       |                |      |
|                   | City   |              | Tran  | sact   | tion ID :       | 2011122 | 2912      | <u>0151-3</u>     | 8     |                |      |
|                   | Irving   | ΤX           | 75039-3711  |        | Amou            | nt of   | Each F    | Receipt th        | nis P | 'eriod         |      |
|                   | FEC ID number of contributing federal political committee.   | С            |   |        |                 |         | 7         |                   |       | 10.0           | 00   |
|                   | Name of Employer   | Occupation   |   | _      |                 |         |           |                   |       |                |      |
|                   | Amerisure Companies  | Supervisor,  | Clerical III                                      |        |                 |         |           |                   |       |                |      |
|                   | Receipt For:   |              | Year-to-Date ▼                                    |        |                 |         |           |                   |       |                |      |
|                   | Primary General  | Aggregate    |   | 11     |                 |         |           |                   |       |                |      |
|                   | Other (specify)  | L            | 260.00  |        |                 |         |           |                   |       |                |      |
| -                 | Full Name (Last, First, Middle Initial)<br>Christina Preisig |              |   |        | Date            | of P    | eceint    |                   |       |                |      |
| 0.                | Mailing Address 380 Sentry Pkwy                              |              |   |        | 12              | M       | 01        |                   |       | Y 1            | Y    |
|                   | City   | State        | Zip Code  | _      |                 |         |           | : 201112          |       | )11<br>2212-7  | ,    |
|                   | Blue Bell  | PA           | 19422-2357  | F      |                 |         |           | Receipt th        |       |                |      |
|                   | FEC ID number of contributing federal political committee.   | С            |   |        |                 |         | ,         | 10001011          |       | 25.            | 00   |
|                   | Name of Employer   | Occupation   |   |        |                 |         |           |                   |       |                |      |
|                   | PMA Insurance Group  |              | President - Managed Care                          |        |                 |         |           |                   |       |                |      |
|                   | Receipt For:   |              | Ŭ   | $\neg$ |                 |         |           |                   |       |                |      |
|                   | Primary General  | Ayyreyate    | Year-to-Date ▼                                    | . I.   |                 |         |           |                   |       |                |      |
|                   | Other (specify)  |              | 575.00  |        |                 |         |           |                   |       |                |      |
|                   | UBTOTAL of Receipts This Page (optional)                     |              |   |        | _               |         |           |                   |       | 43.0           | 00   |

| SUBTOTAL of Receipts This Page (optional)           | _ | - | 1 | 7 | 1 | - 7  |      |      |
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Use separate schedule(s) for each category of the

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|           |   |                           | Detailed Summary Page                 |  | 11a<br>13       |      | 11b<br>14 |             | 11c<br>15          |     | 12<br>16 | 17  |  |  |  |
|-----------|---|---------------------------|---------------------------------------|--|-----------------|------|-----------|-------------|--------------------|-----|----------|-----|--|--|--|
|           | y information copied from such Reports and St for commercial purposes, other than using the     |                           |                                       |  |                 |      |           |             | oliciting          |     |          | ons |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                                  | ciation c                 | of America Political Acti             | ion C  | Comn            | nitt | ee        | (P <b>(</b> | CI-PA              | ۹C) |          |     |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>Christina Preisig<br>Mailing Address 380 Sentry Pkwy |                           |                                       |  | Date of         |      |           | D           | / Y                | - Y | Y        | Y   |  |  |  |
|           |   |                           |                                       |  | 12              | Ľ    |           | 15          | Ľ                  |     | 011      |     |  |  |  |
|           | City<br>Blue Bell   | State<br>PA               | Zip Code<br>19422-2357                |  | Trans<br>Amount |      |           |             | 011122<br>ceipt th |     |          | 7   |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С                         |                                       |  |                 |      | 7         |             | 7                  | _   | 25.      | 00  |  |  |  |
|           | Name of Employer  | Occupation                | 1                                     |  |                 |      |           |             |                    |     |          |     |  |  |  |
|           | PMA Insurance Group   | Senior Vice               | President - Managed Care              | _  |                 |      |           |             |                    |     |          |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>575.00              | 1  |                 |      |           |             |                    |     |          |     |  |  |  |
| в.        | Full Name (Last, First, Middle Initial)<br>Timothy J. Quinn                                     |                           |                                       |  | Date of         | Re   | eceipt    | :           |                    |     |          |     |  |  |  |
|           | Mailing Address 5749 Old US 23  |                           |                                       | 12 09 2011<br>Transaction ID : 20111229120151-41 |                 |      |           |             |                    |     |          |     |  |  |  |
|           | City<br>Fenton  | State<br>MI               | Zip Code<br>48430-9372                |  |                 |      |           |             |                    |     |          | 1   |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С                         |                                       |  | Amount          | OT   | Eacr      | i Re        | ceipt th           |     | 25.0     | 00  |  |  |  |
|           | Name of Employer<br>Amerisure Companies   | Occupation<br>Vice Presid | ent Treasurer                         |  |                 |      |           |             |                    |     |          |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>650.00              |  |                 |      |           |             |                    |     |          |     |  |  |  |
| с.        | Full Name (Last, First, Middle Initial)   |                           |                                       |  | Date of         | Re   | eceipt    | :           |                    |     |          |     |  |  |  |
|           | Mailing Address 380 Sentry Pkwy   |                           |                                       |  | м м<br>12       | /    |           | D<br>01     | / Y                |     | )11      | Y   |  |  |  |
|           | City<br>Blue Bell   | State<br>PA               | Zip Code<br>19422-2357                |  | Trans<br>Amount |      |           |             | 011120<br>ceipt th |     |          | 3   |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С                         |                                       |  |                 |      | 7         |             | y                  | _   | 25.      | 00  |  |  |  |
|           | Name of Employer  | Occupation                | 1                                     |  |                 |      |           |             |                    |     |          |     |  |  |  |
|           | PMA Insurance Group   | Branch Vic                | e President                           |  |                 |      |           |             |                    |     |          |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>575.00              | 1  |                 |      |           |             |                    |     |          |     |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                           |                                       |  |                 |      |           |             |                    | -   | 75.0     | 00  |  |  |  |
|           | OTAL This Period (last page this line number of   |                           | · · · · · · · · · · · · · · · · · · · | -<br>-   |                 |      | 7         |             | 7                  |     |          |     |  |  |  |

Use separate schedule(s) for each category of the

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|                | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |      | -         |        | 11b     | 11c                   |          | 2      |    |
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| Δ              | w information control from such Departs   | latom anta in | w not be cold on your three or                    |      | 13        |        | 14      | 15                    |          | 16<br> | 17 |
|                | ny information copied from such Reports and Si<br>for commercial purposes, other than using the |               |   |      |           |        |         |                       |          |        |    |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |               |   |      |           |        |         |                       |          |        |    |
| $\Big\rangle$  | Property Casualty Insurers Asso   | ociation o    | f America Political Action                        | on C | Comn      | nitte  | ee (F   | PCI-PA                | (C)      |        |    |
| Α.             | Full Name (Last, First, Middle Initial)<br>Richard W. Ramell                                    |               |   |      | Date of   | f Rec  | ceipt   |                       |          |        |    |
|                | Mailing Address 380 Sentry Pkwy   |               |   |      | м м<br>12 | /      | 15      | D / Y                 | y<br>201 | Y 1    | Y  |
|                | City  | State         | Zip Code  |      |           | actio  |         | 2011122               |          |        | 3  |
|                | Blue Bell   | PA            | 19422-2357  |      | Amount    | t of E | Each F  | Receipt th            | is Pe    | riod   |    |
|                | FEC ID number of contributing federal political committee.                                      | С             |   |      |           |        | ,       |                       |          | 25.0   | 00 |
|                | Name of Employer  | Occupation    |   | -    |           |        |         |                       |          |        |    |
|                | PMA Insurance Group   | Branch Vice   | e President                                       |      |           |        |         |                       |          |        |    |
|                | Receipt For:  | Aggregate     | Year-to-Date ▼                                    | ]    |           |        |         |                       |          |        |    |
|                | Primary General<br>Other (specify) ▼  |               | 575.00  |      |           |        |         |                       |          |        |    |
| в.             | Full Name (Last, First, Middle Initial)<br>Debra A. Ricucci                                     |               |   |      | Date of   | f Rec  | ceipt   |                       |          |        |    |
|                | Mailing Address 33229 Wendy Dr  |               |   |      | M M       | /      | DE      | у / У                 | Y        | Y      | Y  |
|                | City  | State         | Zip Code  | _    | 12        | ۰.     | 09      |                       | 201      |        |    |
|                | Sterling Heights  | MI            | 48310-6474  |      |           |        |         | 2011122<br>Receipt th |          |        | 2  |
|                | FEC ID number of contributing   |               |   |      | Amoun     |        |         |                       | 13 1 01  | nou    |    |
|                | federal political committee.  | С             |   |      |           |        | ,       |                       |          | 8.0    | 00 |
|                | Name of Employer  | Occupation    |   |      |           |        |         |                       |          |        |    |
|                | Amerisure Companies   | Claims Sup    | ervisor   | _    |           |        |         |                       |          |        |    |
|                | Receipt For:  | Aggregate     | Year-to-Date ▼                                    | _    |           |        |         |                       |          |        |    |
|                | Other (specify) ▼   |               | 208.00  |      |           |        |         |                       |          |        |    |
| С.             | Full Name (Last, First, Middle Initial)<br>Jonathan P. Roen                                     |               |   |      | Date of   | f Rec  | ceipt   |                       |          |        |    |
|                | Mailing Address 16914 Little Lake Trl   |               |   |      | м м<br>12 | /      | 29      |                       | 201      | Y<br>1 | Y  |
|                | City  | State         | Zip Code  |      | Trans     | sactio | on ID : | 2012010               | 51334    | 407-3  | 3  |
|                | Indianola   | IA            | 50125-8241  | _ '  | Amount    | t of E | Each F  | Receipt th            | is Pe    | riod   |    |
|                | FEC ID number of contributing federal political committee.                                      | С             |   |      |           |        | ,       | . ,                   | _        | 8.     | 26 |
|                | Name of Employer  | Occupation    |   | _    |           |        |         |                       |          |        |    |
|                | Farm Bureau Mutual Insurance Company  | Insurance E   | Executive   |      |           |        |         |                       |          |        |    |
|                | Receipt For:  | Aggregate     | Year-to-Date <b>V</b>                             |      |           |        |         |                       |          |        |    |
|                | Primary General   |               | 220.00  |      |           |        |         |                       |          |        |    |
|                | Other (specify)   |               | 7   |      |           |        |         |                       |          |        |    |
| s              | UBTOTAL of Receipts This Page (optional)  |               | •   |      |           |        | 9       | 5                     | _        | 41.2   | 26 |
| т              | OTAL This Period (last page this line number of   | only)         | ••••••  |      |           |        | ,       |                       |          |        |    |

Use separate schedule(s) for each category of the

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|               |   |                            | Detailed Summary Page      |        | 11a<br>13       |      | 11b<br>14 |    | 11c<br>15                 | $\square$ | 12<br>16 | 17  |
|---------------|---|----------------------------|----------------------------|--------|-----------------|------|-----------|----|---------------------------|-----------|----------|-----|
|               | y information copied from such Reports and St for commercial purposes, other than using the |                            |                            |        | for the         |      | pose c    |    | oliciting                 |           | ntribut  | ons |
|               | NAME OF COMMITTEE (In Full)   |                            |                            |        |                 |      |           |    |                           |           |          |     |
| $\Big\rangle$ | Property Casualty Insurers Asso   | ciation o                  | f America Political Acti   | ion C  | Comn            | nitt | ee (      | PC | CI-PA                     | vC)       |          |     |
| Α.            | Full Name (Last, First, Middle Initial)<br>Doug R. Roggenbaum                               |                            |                            |        | Date of         | Re   | ceipt     |    |                           |           |          |     |
|               | Mailing Address 3955 Pitt Rd  |                            |                            |        | <sup>M</sup> M  | /    | 09        |    | / Y                       |           | )<br>)11 | Y   |
|               | City<br>Waterford   | State<br>MI                | Zip Code<br>48328-1144     |        | Trans<br>Amount |      |           |    | <b>011122</b><br>ceipt th |           |          | 13  |
|               | FEC ID number of contributing federal political committee.                                  | С                          |                            |        |                 |      | ,         |    | ,                         |           | 10.      | 00  |
|               | Name of Employer<br>Amerisure Companies   | Occupation<br>Vice Presid  |                            |        |                 |      |           |    |                           |           |          |     |
|               | Receipt For:  | Aggregate                  | Year-to-Date ▼             |        |                 |      |           |    |                           |           |          |     |
|               | Primary General<br>Other (specify) ▼  |                            | 260.00                     |        |                 |      |           |    |                           |           |          |     |
| В.            | Full Name (Last, First, Middle Initial) Todd B. Ruthruff                                    |                            |                            |        | Date of         | Re   | ceipt     |    |                           |           |          |     |
|               | Mailing Address 14615 Tudor Chase Dr  |                            |                            |        | м м<br>12       | /    | 0         |    | / Y                       | ү<br>20   | Y<br>11  | Y   |
|               | City  | State<br>FL                | Zip Code                   |        |                 |      |           |    | 011122                    |           |          | 4   |
|               | Tampa   |                            | 33626-3338                 |        | Amount          | of   | Each      | Re | ceipt th                  | is P      | eriod    | _   |
|               | FEC ID number of contributing federal political committee.                                  | С                          |                            |        |                 |      | 7         | _  | - 1                       | _         | 25.      | 00  |
|               | Name of Employer<br>Amerisure Companies   | Occupation<br>Vice Preside |                            |        |                 |      |           |    |                           |           |          |     |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>650.00   |        |                 |      |           |    |                           |           |          |     |
|               |   |                            |                            |        |                 |      |           |    |                           |           |          |     |
| C.            | Full Name (Last, First, Middle Initial)<br>David Sampson                                    |                            |                            |        | Date of         | Re   | ceipt     |    |                           |           |          |     |
|               | Mailing Address 2435 Luckett Ave  |                            |                            |        | м м<br>12       | /    | D<br>1:   |    | / Y                       | ү<br>20   | ү<br>11  | Y   |
|               | City<br>Vienna  | State<br>VA                | Zip Code<br>22180-6819     |        | Trans<br>Amount |      |           |    | <b>011122</b><br>ceipt th |           |          | 33  |
|               | FEC ID number of contributing federal political committee.                                  | С                          |                            |        |                 |      | ,         |    | ,                         | _         | 177.     | 50  |
|               | Name of Employer  | Occupation                 |                            |        |                 |      |           |    |                           |           |          |     |
|               | PCI   | President a                | nd Chief Executive Officer |        |                 |      |           |    |                           |           |          |     |
|               | Receipt For:<br>Primary General   | Aggregate                  | Year-to-Date ▼             |        |                 |      |           |    |                           |           |          |     |
|               | Other (specify) ▼   | L                          | 4260.00                    |        |                 |      |           |    |                           |           |          |     |
| s             | UBTOTAL of Receipts This Page (optional)  |                            |                            | •      |                 |      | ,         |    | 7                         |           | 212.     | 50  |
| т             | OTAL This Period (last page this line number of   | only)                      |                            | -<br>- |                 |      | ,         |    | -                         |           |          |     |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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| IТ                | EMIZED RECEIPTS   |             | Use separate schedule(s)                          | (c   | heck only       | y one) |        |            |           |       |     |
|-------------------|---|-------------|---|------|-----------------|--------|--------|------------|-----------|-------|-----|
|                   |   |             | for each category of the<br>Detailed Summary Page |      | X 11a           | 11     | -      | 11c        | 12        | г     | 17  |
|                   | ny information copied from such Reports and s<br>for commercial purposes, other than using th |             |   |      | for the         | purpos | e of s | soliciting | g contrik | butic | ons |
|                   | NAME OF COMMITTEE (In Full)   |             |   |      | _               |        |        | _          |           |       |     |
| $\langle \rangle$ | Property Casualty Insurers Ass  | ociation o  | of America Political Acti                         | ion  | Comn            | nittee | e (PC  | CI-PA      | ιC)       |       |     |
| Α.                | Full Name (Last, First, Middle Initial)<br>David Sampson                                      |             |   |      | Date of         | Recei  | nt     |            |           |       |     |
|                   | Mailing Address 2435 Luckett Ave  |             |   |      | M M             |        |        | / Y        | Y Y       | ( Y   |     |
|                   |   |             |   |      | 12              | L      | 31     |            | 2011      |       |     |
|                   | City<br>Vienna  | State<br>VA | Zip Code<br>22180-6819                            |      | Trans<br>Amount |        |        |            | 013554    |       | 3   |
|                   | FEC ID number of contributing federal political committee.                                    | С           |   |      |                 |        |        |            |           | 77.5  | 0   |
|                   | Name of Employer  | Occupation  | 1   |      |                 |        |        |            |           |       |     |
|                   | PCI   | President a | nd Chief Executive Officer                        |      |                 |        |        |            |           |       |     |
|                   | Receipt For:  | Aggregate   | Year-to-Date ▼                                    |      |                 |        |        |            |           |       |     |
|                   | Other (specify)   |             | 4260.00   |      |                 |        |        |            |           |       |     |
| в.                | Full Name (Last, First, Middle Initial)<br>John Santulli                                      |             |   |      | Date of         | Recei  | pt     |            |           |       |     |
|                   | Mailing Address 380 Sentry Pkwy   |             |   |      | M M<br>12       | / [    | 01     | / Y        | 2011      | Y     | 1   |
|                   | City  | State       | Zip Code  |      | Trans           | action | ID : 2 | 011120     | 711331    | 2-9   |     |
|                   | Blue Bell   | PA          | 19422-2357  | _    | Amount          | of Ea  | ch Re  | ceipt th   | is Perio  | bd    |     |
|                   | FEC ID number of contributing federal political committee.                                    | С           |   |      | Ľ               |        |        |            | 2         | 20.0  | 0   |
|                   | Name of Employer  | Occupation  |   |      |                 |        |        |            |           |       |     |
|                   | PMA Insurance Group<br>Receipt For:   |             | ice President, Risk Service                       |      |                 |        |        |            |           |       |     |
|                   | Primary General   | Aggregate   | Year-to-Date ▼                                    | . 1. |                 |        |        |            |           |       |     |
|                   | Other (specify)   |             | 460.00  | ų.   |                 |        |        |            |           |       |     |
| с.                | Full Name (Last, First, Middle Initial)<br>John Santulli                                      |             |   |      | Date of         | Recei  | pt     |            |           |       |     |
|                   | Mailing Address 380 Sentry Pkwy   |             |   |      | <sup>M</sup> M  | /      | 15     | / Y        | 2011      | Y     | 1   |
|                   | City  | State       | Zip Code  |      | Trans           | action | ID : 2 | 011122     | 2911594   | 45-9  |     |
|                   | Blue Bell   | PA          | 19422-2357  | _    | Amount          | of Ea  | ch Re  | ceipt th   | is Peric  | bd    | _   |
|                   | FEC ID number of contributing federal political committee.                                    | С           |   |      |                 |        |        |            |           | 20.0  | 0   |
|                   | Name of Employer  | Occupation  |   |      |                 |        |        |            |           |       |     |
|                   | PMA Insurance Group<br>Receipt For:   |             | /ice President, Risk Service                      |      |                 |        |        |            |           |       |     |
|                   | Primary General   | Aggregate   | Year-to-Date ▼                                    |      |                 |        |        |            |           |       |     |
|                   | Other (specify)   | L           | 460.00  |      |                 |        |        |            |           |       |     |
| 5                 | SUBTOTAL of Receipts This Page (optional)   |             | •••••   | ► _  |                 | 7      |        | - 7        | 21        | 17.50 | )   |

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# SCHEDULE A (FEC Form 3X) ľ

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|----------------|--|---------------|---|-------|-----------------|-------|---------------|---------------------|-------|----------------|--------------|---|
| 11             |  |               | for each category of the<br>Detailed Summary Page |       | X 11a           |       | 11b           | 11c                 |       | 12             | <b>□</b> ₄ - |   |
| Ar             | ny information copied from such Reports and for commercial purposes, other than using th | Statements ma | y not be sold or used by any pe                   | ersor | 13<br>n for the | pur   | 14<br>pose of | 15<br>solicitin     | g co  | 16<br>ntributi | 17<br>ons    | _ |
|                | NAME OF COMMITTEE (In Full)  |               |   | 10    | SUICIL CC       |       |               | nom suc             |       | mmue           | e.           | _ |
|                | Property Casualty Insurers Ass   | sociation o   | f America Political Acti                          | on    | Com             | nitt  | ee (F         | PCI-P/              | AC)   | )              |              |   |
| Α.             | Full Name (Last, First, Middle Initial)<br>Kurt Schuhl                                   |               |   |       | Date o          | of Re | eceipt        |                     |       |                |              |   |
|                | Mailing Address 380 Sentry Pkwy  |               |   |       | 12              | /     | 01            | Y / Y               |       | 011            | Y            |   |
|                | City<br>Blue Bell  | State<br>PA   | Zip Code<br>19422-2357                            | _     |                 |       |               | 201112<br>Receipt t | 0711  | 3312-1         | 0            |   |
|                | FEC ID number of contributing federal political committee.                               | С             |   |       |                 |       |               |                     |       | 15.            | 00           |   |
|                | Name of Employer   | Occupation    | Drasidant and Chief Claims                        | _     |                 |       |               |                     |       |                |              |   |
|                | PMA Insurance Group<br>Receipt For:  |               | President and Chief Claims                        | _     |                 |       |               |                     |       |                |              |   |
|                | Primary General  | Aggregate     | Year-to-Date ▼                                    | d.    |                 |       |               |                     |       |                |              |   |
|                | Other (specify)  |               | 345.00  |       |                 |       |               |                     |       |                |              |   |
| в.             | Full Name (Last, First, Middle Initial)<br>Kurt Schuhl                                   | I             |   |       | Date o          | of Re | eceipt        |                     |       |                |              |   |
|                | Mailing Address 380 Sentry Pkwy  |               |   |       | M N             | /     | 15            | ) / Y               |       | )<br>)<br>11   | Y            |   |
|                | City   | State         | Zip Code  |       | Trans           | sacti | on ID :       | 2011122             | 2911  | 5945-1         | 0            |   |
|                | Blue Bell  | PA            | 19422-2357  | _     | Amour           | nt of | Each F        | Receipt t           | his F | Period         |              |   |
|                | FEC ID number of contributing federal political committee.                               | С             |   |       |                 |       | 7             | 7                   |       | 15.(           | 00           |   |
|                | Name of Employer   | Occupation    |   |       |                 |       |               |                     |       |                |              |   |
|                | PMA Insurance Group  | Senior Vice   | President and Chief Claims                        |       |                 |       |               |                     |       |                |              |   |
|                | Receipt For:   | Aggregate     | Year-to-Date ▼                                    |       |                 |       |               |                     |       |                |              |   |
|                | Primary   General     Other (specify)  |               | 345.00  |       |                 |       |               |                     |       |                |              |   |
| <u>с</u> .     | Full Name (Last, First, Middle Initial)<br>David T. Sebastian                            |               |   |       | Date o          | of Re | eceipt        |                     |       |                |              | - |
|                | Mailing Address 17127 Jonquil Ave  |               |   |       | M N<br>12       | 1     | 29            | Y / C               |       | )<br>011       | Y            |   |
|                | City   | State         | Zip Code  |       | Tran            | sact  | ion ID :      | 201201              | 0513  | 32047-4        | 4            |   |
|                | Lakeville  | MN            | 55044-9175  |       | Amour           | nt of | Each F        | Receipt t           | his F | Period         |              |   |
|                | FEC ID number of contributing federal political committee.                               | С             |   |       |                 |       | 7             |                     |       | 25.            | 00           |   |
|                | Name of Employer   | Occupation    |   |       |                 |       |               |                     |       |                |              |   |
|                | FBL Financial Group  | Vice Presid   | ent- Sales  |       |                 |       |               |                     |       |                |              |   |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼                                     |               | Year-to-Date ▼<br>300.00                          |       |                 |       |               |                     |       |                |              |   |
| s              | UBTOTAL of Receipts This Page (optional)   |               |   |       | <u> </u>        |       | 3             | - 7                 |       | 55.0           | 00           |   |

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#### Image# 12950172010

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

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

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|   |                                   | Detailed Summary Page   |                    | 11a                 |               | 11b            |                | 11c        | 12          |              |
|---|-----------------------------------|---|--------------------|---------------------|---------------|----------------|----------------|------------|-------------|--------------|
|   |                                   |   |                    | 13                  |               | 14             |                | 15         | 16          | 17           |
| Any information copied from such Reports an<br>or for commercial purposes, other than using | nd Statements main the name and a | ay not be sold or used by any p<br>address of any political committee | erson f<br>e to so | or the<br>licit cor | pur <br>ntrib | pose<br>oution | of s<br>Is fro | soliciting | contribu    | tions<br>ee. |
| NAME OF COMMITTEE (In Full)   |                                   |   |                    |                     |               |                |                |            |             |              |
| Property Casualty Insurers A  | ssociation c                      | of America Political Act  | ion C              | Comn                | nitt          | tee            | (P <b>(</b>    | CI-PA      | (C)         |              |
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Donald J. Seibel                       |                                   |   |                    | Date of             | f Re          | eceipt         | t              |            |             |              |
| Mailing Address 1537 S 45th St  |                                   |   |                    | м м<br>12           | /             |                | 29             | / Y        | ууу<br>2011 | Y            |
| City  | State                             | Zip Code  |                    | Trans               | acti          | ion II         | D:2            | 012010     | 5132047     | 45           |
| West Des Moines   | IA                                | 50265-5765  | /                  | Amount              | t of          | Each           | ו Re           | ceipt th   | is Period   |              |
| FEC ID number of contributing federal political committee.                                  | С                                 |   |                    |                     |               | 7              |                | 9          | 50          | .00          |
| Name of Employer  | Occupation                        | 1   |                    |                     |               |                |                |            |             |              |
| FBL Financial Group   | Vice Presic                       | lent - Finance  |                    |                     |               |                |                |            |             |              |
| Receipt For:  | Aggregate                         | Year-to-Date ▼  |                    |                     |               |                |                |            |             |              |
| Primary General<br>Other (specify) ▼  |                                   | 600.00  | ]                  |                     |               |                |                |            |             |              |
| Full Name (Last, First, Middle Initial)<br>B. Matthew J. Simon                              | I                                 |   |                    | Date of             | f Re          | eceipt         | t              |            |             |              |
| Mailing Address 412 Rosario Ln  |                                   |   |                    | M M<br>12           | /             |                | 09             | / Y        | уу<br>2011  | Y            |
| City  | State                             | Zip Code  |                    | Trans               | acti          | ion IE         | ):2            | 011122     | 9120151·    | 46           |
| White Lake  | MI                                | 48386-4404  | /                  | Amount              | t of          | Each           | ו Re           | ceipt th   | is Period   |              |
| FEC ID number of contributing federal political committee.                                  | С                                 |   |                    |                     |               | 7              |                | 7          | 10          | .00          |
| Name of Employer  | Occupation                        | 1   |                    |                     |               |                |                |            |             |              |
| Amerisure Companies   | Vice Presid                       | ent & Chief Financial Offic   |                    |                     |               |                |                |            |             |              |
| Receipt For:  | Aggregate                         | Year-to-Date ▼  |                    |                     |               |                |                |            |             |              |
| Primary General<br>Other (specify) ▼  |                                   | 260.00  | ]                  |                     |               |                |                |            |             |              |
| Full Name (Last, First, Middle Initial)<br>C. Don A. Smith                                  |                                   |   | 1                  | Date of             | f Re          | eceipt         | t              |            |             |              |
| Mailing Address 54021 Trent River Dr  |                                   |   |                    | <sup>M</sup> 12     | 1             |                | 09             | / Y        | у у<br>2011 | Y            |
| City<br>Shalby Taynabia   | State                             | Zip Code  |                    |                     |               |                |                |            | 9120151     |              |
| Shelby Township   | MI                                | 48315-1438  | /                  | Amount              | t of          | Each           | n Re           | ceipt th   | is Period   |              |
| FEC ID number of contributing federal political committee.                                  | C                                 |   |                    |                     |               | 7              |                | 9          | 25          | .00          |
| Name of Employer  | Occupation                        | 1   |                    |                     |               |                |                |            |             |              |
| Amerisure Companies   | Vice Presid                       | lent - Claims   |                    |                     |               |                |                |            |             |              |
| Receipt For:  | Aggregate                         | Year-to-Date ▼  |                    |                     |               |                |                |            |             |              |
| Primary General   |                                   | 650.00  | 1                  |                     |               |                |                |            |             |              |
| Other (specify)   |                                   | 000.00  |                    |                     |               |                |                |            |             |              |
| SUBTOTAL of Receipts This Page (optiona   |                                   |   |                    |                     |               | ,              |                |            | 85          | .00          |
| TOTAL This Period (last page this line num  | ber only)                         | )   |                    |                     |               | 7              |                | ,          |             |              |

Use separate schedule(s)

FOR LINE NUMBER:

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|           | EMIZED RECEIPTS   |                           | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16 17  |
|-----------|---|---------------------------|---|---|
|           | y information copied from such Reports and St for commercial purposes, other than using the |                           |   | rson for the purpose of soliciting contributions                                |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                              | ciation c                 | of America Political Acti                         | on Committee (PCI-PAC)  |
| Α.        | Full Name (Last, First, Middle Initial)<br>Shannon L. Smith                                 |                           |   | Date of Receipt   |
|           | Mailing Address 5481 S James Ave  |                           | 7.0.1   | 12 16 / Y Y Y Y Y<br>12 16 2011   |
|           | City<br>Springfield   | State<br>MO               | Zip Code<br>65810-7831                            | Transaction ID : 20111230113602-13  |
|           | FEC ID number of contributing federal political committee.                                  | С                         |   | Amount of Each Receipt this Period  |
|           | Name of Employer<br>American National Property and Casualt                                  | Occupation<br>Executive V | i<br>/ice President and Chief Mar                 |   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>600.00                          |   |
| В.        | Full Name (Last, First, Middle Initial)<br>Mario J. Spina                                   |                           |   | Date of Receipt   |
|           | Mailing Address 380 Sentry Pkwy   |                           |   | 12 01 Y Y Y Y Y Y   |
|           | City<br>Blue Bell   | State<br>PA               | Zip Code<br>19422-2357                            | Transaction ID : 20111207113312-11<br>Amount of Each Receipt this Period        |
|           | FEC ID number of contributing federal political committee.                                  | С                         |   | 10.00   |
|           | Name of Employer<br>PMA Insurance Group   | Occupation<br>Sales Mana  |   | _   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>230.00                          |   |
| C.        | Full Name (Last, First, Middle Initial)<br>Mario J. Spina                                   |                           |   | Date of Receipt   |
|           | Mailing Address 380 Sentry Pkwy   |                           |   | M - M / D - D / Y - Y - Y - Y<br>12 15 2011                                     |
|           | City<br>Blue Bell   | State<br>PA               | Zip Code<br>19422-2357                            | Transaction ID : 20111229115945-11           Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.                                  | С                         |   | 10.00   |
|           | Name of Employer  | Occupation                | 1   | _   |
|           | PMA Insurance Group   | Sales Mana                | ager  | _   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>230.00                          |   |
| s         | UBTOTAL of Receipts This Page (optional)  |                           | <b>&gt;</b>                                       | 70.00   |
|           | OTAL This Period (last page this line number of   |                           | · · ·   |   |

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| 17                    |   |               | Use separate schedule(s)                          | (cł        | neck only | one     | )         |            |       |          |     |
|-----------------------|---|---------------|---|------------|-----------|---------|-----------|------------|-------|----------|-----|
| 11                    | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |            | X 11a     |         | 1b<br>4   | 11c<br>15  |       | 12<br>16 | 17  |
| Ar                    | y information copied from such Reports and for commercial purposes, other than using th | Statements ma | ay not be sold or used by any pe                  | erson      | for the   | purpo   | se of     | soliciting | g coi | ntributi | ons |
|                       | NAME OF COMMITTEE (In Full)   |               | derees of any pointed committee                   |            |           | TITIDUI |           |            | 11 00 |          |     |
| $\left \right\rangle$ | Property Casualty Insurers Ass  | sociation o   | f America Political Acti                          | on         | Comn      | nitte   | e (P      | CI-PA      | AC)   |          |     |
| <u> </u>              | Full Name (Last, First, Middle Initial)<br>Jon D. Srna                                  |               |   |            | Date of   | Rece    | eipt      |            |       |          |     |
|                       | Mailing Address 512 Jc Rogers Dr  |               |   |            | M M       | /       | 29        | / Y        |       | )<br>011 | Y   |
|                       | City  | State         | Zip Code  |            |           | actio   |           | 2012010    |       |          | 9   |
|                       | Wamego  | KS            | 66547-9021  |            |           |         |           | eceipt th  |       |          | -   |
|                       | FEC ID number of contributing federal political committee.                              | С             |   |            |           | ,       |           |            |       | 31.8     | 30  |
|                       | Name of Employer  | Occupation    |   | -          |           |         |           |            |       |          |     |
|                       | FBL Financial Group   | Business O    | perations Vice President                          |            |           |         |           |            |       |          |     |
|                       | Receipt For:  | Aggregate     | Year-to-Date ▼                                    |            |           |         |           |            |       |          |     |
|                       | Primary   General     Other (specify)   V   |               | 350.00  |            |           |         |           |            |       |          |     |
| в.                    | Full Name (Last, First, Middle Initial)<br>Robert W. Stahl                              | I             |   |            | Date of   | Rece    | eipt      |            |       |          |     |
|                       | Mailing Address 26777 Halsted Rd  |               |   |            | M M<br>12 | 1       | D D<br>09 | / Y        | 20    | )<br>11  | Y   |
|                       | City  | State         | Zip Code  |            | Trans     | actio   | n ID :    | 2011122    | 29120 | 0151-4   | 9   |
|                       | Farmington Hills  | MI            | 48331-3577  | _          | Amount    | of E    | ach R     | eceipt th  | his P | eriod    |     |
|                       | FEC ID number of contributing federal political committee.                              | С             |   |            |           | ,       |           | 7          |       | 10.0     | 00  |
|                       | Name of Employer  | Occupation    |   |            |           |         |           |            |       |          |     |
|                       | Amerisure Companies   | Assistant Vi  | ce President - Field Claim                        |            |           |         |           |            |       |          |     |
|                       | Receipt For:<br>Primary General   | Aggregate     | Year-to-Date ▼                                    |            |           |         |           |            |       |          |     |
|                       | Other (specify) ▼   |               | 260.00  |            |           |         |           |            |       |          |     |
| с.                    | Full Name (Last, First, Middle Initial)<br>Paul S. Swinton                              |               |   |            | Date of   | Rece    | eipt      |            |       |          |     |
|                       | Mailing Address 30 Liberty Bell Blvd  |               |   |            | M M<br>12 | /       | 29        | / Y        |       | )<br>11  | Y   |
|                       | City  | State         | Zip Code  |            | Trans     | actio   | n ID :    | 201201     | 0513  | 2047-5   | 51  |
|                       | Pleasant Hill   | IA            | 50327-1745  |            | Amount    | of E    | ach R     | eceipt th  | his P | eriod    |     |
|                       | FEC ID number of contributing federal political committee.                              | С             |   |            |           | . ,     |           | 7          |       | 20.      | 00  |
|                       | Name of Employer  | Occupation    |   |            |           |         |           |            |       |          |     |
|                       | FBL Financial Group   | Senior Cou    | nsel  |            |           |         |           |            |       |          |     |
|                       | Receipt For:  | Aggregate     | Year-to-Date ▼                                    |            |           |         |           |            |       |          |     |
|                       | Primary   General     Other (specify)   V   |               | 240.00  |            |           |         |           |            |       |          |     |
| s                     | UBTOTAL of Receipts This Page (optional)  |               | •••••   | <br>▶<br>_ |           | ,       |           |            |       | 61.8     | 80  |

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

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Use separate schedule(s)

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| ITEMIZED RECEIPTS  | Detailed Summary Page                  | $\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
|--|--|---|
|  |  | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.                |
| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers As   | sociation of America Political         | Action Committee (PCI-PAC)  |
| Full Name (Last, First, Middle Initial)<br>A. Debra Szmagaj    |  | Date of Receipt   |
| Mailing Address 1267 Old Milford Farms                         |  | M M / D D / Y Y Y Y Y<br>12 09 _ 2011 _   |
| City   | State Zip Code                         | Transaction ID : 20111229120151-50  |
| Milford  | MI 48381-3373                          | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.     | C                                      | 25.00   |
| Name of Employer   | Occupation                             |   |
| Amerisure Companies  | Vice President Business Application Se |   |
| Receipt For:   | Aggregate Year-to-Date ▼               |   |
| Other (specify)  | 650.00                                 | D   |
| Full Name (Last, First, Middle Initial)<br>B. Carol Ann Taylor |  | Date of Receipt   |
| Mailing Address 18155 Magnolia Ave                             |  | 12 09 _2011 _   |
| City   | State Zip Code                         | Transaction ID : 20111229120151-51  |
| Southfield   | MI 48075-4107                          | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.     | С                                      | 10.00   |
| Name of Employer   | Occupation                             |   |
| Amerisure Companies  | Vice President and Counsel             |   |
| Receipt For:   | Aggregate Year-to-Date ▼               |   |
| Primary General  |  |   |
| Other (specify)  | 260.00                                 |   |
| Full Name (Last, First, Middle Initial)<br>C. Lori Lee Tobis   |  | Date of Receipt   |
| Mailing Address 450 S Vernon St                                |  | M M / D D / Y Y Y Y Y<br>12 09 2011   |
| City   | State Zip Code                         | Transaction ID : 20111229120151-52  |
| Dearborn   | MI 48124-1393                          | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.     | C                                      | 15.00   |
| Name of Employer   | Occupation                             |   |
| Amerisure Companies  | Supervising Attorney                   |   |
| Receipt For:   | Aggregate Year-to-Date ▼               |   |
| Primary General<br>Other (specify) ▼                           | 390.00                                 | 0   |
| SUBTOTAL of Receipts This Page (optional).                     | ·                                      | 50.00   |
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# SCHEDULE A (FEC Form 3X) ľ

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| 17       |  |                           | Use separate schedule(s)                          | (ch   | eck onl   | y one)    |                                 |             |       |
|----------|--|---------------------------|---|-------|-----------|-----------|---------------------------------|-------------|-------|
| 11       | EMIZED RECEIPTS  |                           | for each category of the<br>Detailed Summary Page |       | 11a       | 11b       | 11c                             | 12          | 17    |
| Ar       | ny information copied from such Reports and S<br>for commercial purposes, other than using the | Statements ma             | y not be sold or used by any po                   | erson | for the   | purpose   | of soliciting                   | g contribut | tions |
|          | NAME OF COMMITTEE (In Full)  |                           |   |       |           |           |                                 |             |       |
|          | Property Casualty Insurers Ass   | ociation o                | f America Political Acti                          | on C  | Comr      | nittee    | (PCI-PA                         | λC)         |       |
| Α.       | Full Name (Last, First, Middle Initial)<br>Marguerite Tortorello                               |                           |   |       | Date o    | f Receipt |                                 |             |       |
|          | Mailing Address 4711 N Kenmore Ave   |                           |   |       | м м<br>12 | / D       | D / Y<br>5                      | 2011        | Y     |
|          | City<br>Chicago  | State<br>IL               | Zip Code<br>60640-5980                            | _     |           |           | D: 2011122<br>Receipt th        |             | 34    |
|          | FEC ID number of contributing federal political committee.                                     | С                         |   |       |           | J.        | 7                               | 150         | .00   |
|          | Name of Employer<br>PCI  | Occupation<br>Senior Vice | President, Public Affairs                         |       |           |           |                                 |             |       |
|          | Receipt For:   | Aggregate                 | Year-to-Date ▼                                    |       |           |           |                                 |             |       |
|          | Other (specify)  |                           | 3550.00   |       |           |           |                                 |             |       |
| в.       | Full Name (Last, First, Middle Initial)<br>Marguerite Tortorello                               |                           |   |       | Date o    | f Receipt |                                 |             |       |
|          | Mailing Address 4711 N Kenmore Ave   |                           |   |       | 12        |           | D / Y                           | 2011        | Y     |
|          | City   | State                     | Zip Code  |       | Trans     |           | : 2011123                       |             | 34    |
|          | Chicago  | IL                        | 60640-5980  |       | Amoun     | t of Each | Receipt th                      | nis Period  |       |
|          | FEC ID number of contributing federal political committee.                                     | С                         |   |       |           | 7         | 7                               | 50.         | .00   |
|          | Name of Employer<br>PCI  | Occupation<br>Senior Vice | President, Public Affairs                         |       |           |           |                                 |             |       |
|          | Receipt For:   | Aggregate                 | Year-to-Date ▼                                    |       |           |           |                                 |             |       |
|          | Other (specify)  |                           | 3550.00   |       |           |           |                                 |             |       |
| <u> </u> | Full Name (Last, First, Middle Initial)<br>Susan G. Vincent                                    |                           |   |       | Date o    | f Receipt |                                 |             |       |
|          | Mailing Address 1787 Sheffield Rd  |                           |   |       | м м<br>12 |           | D / Y<br>)9                     | 2011        | Y     |
|          | City<br>Birmingham   | State<br>MI               | Zip Code<br>48009-7224                            |       |           |           | <b>) : 201112</b><br>Receipt th |             | 53    |
|          | FEC ID number of contributing federal political committee.                                     | С                         |   |       |           |           |                                 |             | .00   |
|          | Name of Employer   | Occupation                |   |       |           |           |                                 |             |       |
|          | Amerisure Companies  | Vice Presid               | ent, General Counsel and Se                       |       |           |           |                                 |             |       |
|          | Receipt For:   | Aggregate                 | Year-to-Date ▼                                    |       |           |           |                                 |             |       |
|          | Other (specify)  |                           | 1300.00   |       |           |           |                                 |             |       |
| s        | UBTOTAL of Receipts This Page (optional)   |                           |   | •     |           |           |                                 | 250.        | 00    |

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| 171      |   |                               | Use separate schedule(s)  | (0            | heck only      | / on  | e)            | L          |               |               |      |
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| 111      |   |                               | for each category of the<br>Detailed Summary Page                     |               | X 11a          |       | 11b<br>14     | 11c        |               | 12<br>16      | 17   |
| An<br>or | y information copied from such Reports and S<br>for commercial purposes, other than using the | Statements ma<br>e name and a | ay not be sold or used by any pe<br>ddress of any political committee | ersoi<br>e to | n for the      | purp  | ose of        | soliciting | g cor<br>h co | ntributi      | ons  |
|          | NAME OF COMMITTEE (In Full)   |                               |   |               |                |       |               |            |               |               |      |
|          | Property Casualty Insurers Ass  | ociation o                    | f America Political Acti  | on            | Comm           | nitte | ee (P         | PCI-PA     | AC)           |               |      |
| <u>—</u> | Full Name (Last, First, Middle Initial)<br>Edward H. Wagner                                   |                               |   |               | Date of        | Red   | ceipt         |            |               |               |      |
|          | Mailing Address 1259 Dorchester Rd  |                               |   |               | M M            | /     | D D           | ) / Ү      |               | Y             | Y    |
|          | City  | State                         | Zip Code  |               | 12<br>Trans    | acti  | 09<br>00 ID - | 2011122    |               | )11<br>0151-5 | 34   |
|          | Birmingham  | MI                            | 48009-5995  | _             |                |       |               | leceipt th |               |               |      |
|          | FEC ID number of contributing federal political committee.                                    | С                             |   |               |                |       | ,             |            |               | 15.           | 00   |
|          | Name of Employer  | Occupation                    |   |               |                |       |               |            |               |               |      |
|          | Amerisure Companies   | Vice Presid                   | ent of Corporate Underwriti   |               |                |       |               |            |               |               |      |
|          | Receipt For:  | Aggregate                     | Year-to-Date ▼  |               |                |       |               |            |               |               |      |
|          | Primary General<br>Other (specify)  |                               | 390.00  |               |                |       |               |            |               |               |      |
|          | Full Name (Last, First, Middle Initial)<br>J. Cliff Walker                                    |                               |   |               | Date of        | Red   | ceipt         |            |               |               |      |
|          | Mailing Address 1101 New Highway 7  |                               |   |               | M M            | /     | 13            | / Y        | _ 20          | Y<br>11       | Y    |
|          | City  | State                         | Zip Code  |               | Transa         | actio |               | B417462    |               | -             | 39F1 |
|          | Columbia  | TN                            | 38401-6664  |               | Amount         | of I  | Each R        | leceipt th | nis P         | eriod         |      |
|          | FEC ID number of contributing federal political committee.                                    | С                             |   |               |                |       | ,             |            |               | 500.0         | 00   |
|          | Name of Employer<br>Haulers Insurance Company, Inc.   | Occupation<br>President       |   |               |                |       |               |            |               |               |      |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | Year-to-Date ▼<br>500.00  |               |                |       |               |            |               |               |      |
|          | Full Name (Last, First, Middle Initial)<br>James T. Walsh                                     |                               |   |               | Date of        | Red   | ceipt         |            |               |               |      |
|          | Mailing Address 380 Sentry Pkwy   |                               |   |               | <sup>M</sup> M | /     | 01            | ) / Y      | ү<br>20       | y<br>11       | Y    |
|          | City  | State                         | Zip Code  |               | Trans          | acti  | on ID :       | 2011120    | 0711          | 3312-1        | 2    |
|          | Blue Bell   | PA                            | 19422-2357  |               | Amount         | of I  | Each R        | leceipt th | nis P         | eriod         |      |
|          | FEC ID number of contributing federal political committee.                                    | С                             |   |               |                |       | 7             |            |               | 15.           | 00   |
|          | Name of Employer  | Occupation                    |   | $\neg$        |                |       |               |            |               |               |      |
|          | PMA Insurance Group   | Vice Presid                   | ent - Claims  |               |                |       |               |            |               |               |      |
|          | Receipt For:  | Aggregate                     | Year-to-Date ▼  |               |                |       |               |            |               |               |      |
|          | Other (specify) ▼   |                               | 345.00  |               |                |       |               |            |               |               |      |
| s        | UBTOTAL of Receipts This Page (optional)  |                               | •   | <br>►         | <u> </u>       |       | 3             |            |               | 530.0         | 00   |

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

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

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| •••                   |  |              | Detailed Summary Page           |        | × 11a           |              | 11b<br>14 |         |         | 12             | <b>□</b> ₄ ¬ |
|-----------------------|--|--------------|---------------------------------|--------|-----------------|--------------|-----------|---------|---------|----------------|--------------|
| Ar                    | ny information copied from such Reports and Si                 | tatements ma | y not be sold or used by any pe | rson   | 13<br>for the   | pur          |           | f solic |         | 16<br>ontribut | 17<br>tions  |
|                       | for commercial purposes, other than using the                  |              |                                 |        |                 |              |           |         |         |                |              |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)                                    | nciation o   | f America Political Acti        | on i   | Comr            | <b>_</b> i++ | -00 /I    | ויים    |         | •)             |              |
|                       | Property Casualty Insurers Asso                                |              |                                 |        |                 |              |           |         |         | ')<br>         |              |
| ^                     | Full Name (Last, First, Middle Initial)<br>James T. Walsh      |              |                                 |        | Date of         | E Do         | vooint    |         |         |                |              |
| Α.                    | Mailing Address 380 Sentry Pkwy                                |              |                                 | $\neg$ | Date of         | _            | · ·       | D /     | V       | Y Y            | Y            |
|                       | 000 Contry 1 Kwy   |              |                                 |        | 12              | ľ            | 15        |         |         | 2011           |              |
|                       | City   | State<br>PA  | Zip Code                        |        |                 |              |           |         |         | 15945-         | 12           |
|                       | Blue Bell  | PA           | 19422-2357                      | _      | Amount          | t of         | Each I    | Receip  | ot this | Period         |              |
|                       | FEC ID number of contributing federal political committee.     | С            |                                 |        |                 | _            | 7         |         | , .     | 15             | .00          |
|                       | Name of Employer   | Occupation   |                                 |        |                 |              |           |         |         |                |              |
|                       | PMA Insurance Group  | Vice Presid  | ent - Claims                    |        |                 |              |           |         |         |                |              |
|                       | Receipt For:<br>Primary General                                | Aggregate    | Year-to-Date ▼                  |        |                 |              |           |         |         |                |              |
|                       | Other (specify) ▼  |              | 345.00                          |        |                 |              |           |         |         |                |              |
| —<br>B.               | Full Name (Last, First, Middle Initial)<br>Marshall E. Wandrei |              |                                 |        | Date of         | Re           | eceipt    |         |         |                |              |
|                       | Mailing Address 10444 Pavillion Ct                             |              |                                 |        | M M             | _            | D         | D /     | Y       | Y Y            | Y            |
|                       |  | 0.1          | 7. 0. 1                         |        | 12              | L.           | 09        | Э       | 2       | 2011           |              |
|                       | City<br>Shelby Township  | State<br>MI  | Zip Code<br>48315-6647          | -      | Trans<br>Amount |              |           |         |         | 20151-         | 55           |
|                       | FEC ID number of contributing federal political committee.     | С            |                                 |        |                 |              |           | necer,  | 1       | 10.            | .00          |
|                       | Name of Employer<br>Amerisure Companies                        | Occupation   |                                 |        |                 |              |           |         |         |                |              |
|                       | Receipt For:   |              | ystems Development              | _      |                 |              |           |         |         |                |              |
|                       | Primary General  | Aggregate    | Year-to-Date ▼                  |        |                 |              |           |         |         |                |              |
|                       | Other (specify)  | L            | 260.00                          |        |                 |              |           |         |         |                |              |
| с.                    | Full Name (Last, First, Middle Initial)<br>Ann Weber           |              |                                 |        | Date of         | Re           | eceipt    |         |         |                |              |
|                       | Mailing Address 1432 S Fairview Ave                            |              |                                 |        | M M             | /            | ,<br>15   |         |         | 2011           | Y            |
|                       | City   | State        | Zip Code                        |        |                 | act          |           |         |         | 61659-         | 36           |
|                       | Park Ridge   | IL           | 60068-5210                      |        | Amount          | t of         | Each I    | Receip  | ot this | Period         |              |
|                       | FEC ID number of contributing federal political committee.     | С            |                                 |        |                 |              | 7         |         | ,       | 20             | .00          |
|                       | Name of Employer   | Occupation   |                                 | -      |                 |              |           |         |         |                |              |
|                       | PCI  | Vice Presid  | ent, State Government Relat     |        |                 |              |           |         |         |                |              |
|                       | Receipt For:<br>Primary General                                | Aggregate    | Year-to-Date ▼                  |        |                 |              |           |         |         |                |              |
|                       | Other (specify)  |              | 480.00                          |        |                 |              |           |         |         |                |              |
| s                     | UBTOTAL of Receipts This Page (optional)                       |              | ····· •                         |        |                 |              | 7         |         | ,       | 45.            | 00           |

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

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|                              |   |                           | Detailed Sum           |             |   | 11a<br>13 |      | 11b<br>14 | 11c                        |         | 12<br>16 | 17    |
|------------------------------|---|---------------------------|------------------------|-------------|---|-----------|------|-----------|----------------------------|---------|----------|-------|
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso                                  |                           |                        |             |   |           |      |           |                            |         |          |       |
| Α.                           | Full Name (Last, First, Middle Initial)<br>Ann Weber  |                           |                        |             | [ | Date of   | Re   | ceipt     |                            |         |          |       |
|                              | Mailing Address 1432 S Fairview Ave   |                           |                        |             |   | м м<br>12 | /    | D 1       | Y 1                        | Y<br>2( | У<br>011 | Y     |
|                              | City<br>Park Ridge  | State<br>IL               | Zip Code<br>60068-5210 | )           |   |           |      |           | <b>201112</b><br>Receipt t |         |          | 36    |
|                              | FEC ID number of contributing federal political committee.                                      | С                         |                        |             |   |           |      | y         |                            |         | 20.      | 00    |
|                              | Name of Employer  | Occupation<br>Vice Presid | ent, State Goverr      | nment Relat |   |           |      |           |                            |         |          |       |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼         | 480.00      | 1 |           |      |           |                            |         |          |       |
| в.                           | Full Name (Last, First, Middle Initial)<br>Deborah Wensel                                       |                           |                        |             | [ | Date of   | Re   | ceipt     |                            |         |          |       |
|                              | Mailing Address 221 Holmes Ave  |                           |                        |             |   | м м<br>12 | /    | 15        |                            | 20      | )11      | Y     |
|                              | City<br>Clarendon Hills   | State<br>IL               | Zip Code<br>60514-1417 |             |   |           |      |           | 2011122<br>Receipt t       |         |          | 35    |
|                              | FEC ID number of contributing federal political committee.                                      | С                         |                        |             |   | Amount    | . 01 | 1         |                            | 113 1   | 100.     | 00    |
|                              | Name of Employer<br>PCI   | Occupation<br>Senior Vice | President, Finan       | ce & Admin  |   |           |      |           |                            |         |          |       |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼         | 600.00      |   |           |      |           |                            |         |          |       |
| C.                           | Full Name (Last, First, Middle Initial)<br>Deborah Wensel                                       |                           |                        |             | [ | Date of   | Re   | ceipt     |                            |         |          |       |
|                              | Mailing Address 221 Holmes Ave  |                           |                        |             |   | м м<br>12 | 1    | 19        |                            |         | ү<br>)11 | Y     |
|                              | City<br>Clarendon Hills   | State<br>IL               | Zip Code<br>60514-1417 |             |   |           |      |           | SDFF60                     |         |          | ED8E3 |
|                              | FEC ID number of contributing federal political committee.                                      | С                         |                        |             |   |           |      | 7         |                            |         | 100.     | 00    |
|                              | Name of Employer PCI  | Occupation<br>Senior Vice | President, Finan       | ce & Admin  |   |           |      |           |                            |         |          |       |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼         | 600.00      | 1 |           |      |           |                            |         |          |       |
| s                            | UBTOTAL of Receipts This Page (optional)  |                           |                        |             | • |           | _    | 7         |                            | _       | 220.0    | 00    |

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#### Image# 12950172018

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

Use separate schedule(s) for each category of the

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|                 |   |              | Detailed Summary Page           |          | <b>X</b> 11a    |      | 11b           |       | 1c      | 12                  |             |
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|                 | for commercial purposes, other than using the                 |              |                                 |          |                 |      |               |       |         |                     |             |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)                                   |              |                                 |          |                 |      |               |       |         |                     |             |
|                 | Property Casualty Insurers Ass                                | sociation c  | of America Political Act        | ion (    | Comr            | nit  | tee (         | (PCI  | -PA(    | C)                  |             |
| Δ               | Full Name (Last, First, Middle Initial)<br>Deborah Wensel     |              |                                 |          | Date o          | f P  | eceint        | _     | _       |                     |             |
| -1.             | Mailing Address 221 Holmes Ave                                |              |                                 | $\neg$   |                 |      |               | D /   | Y       | Y Y                 | Y           |
|                 |   |              |                                 |          | 12              | Ĺ    | 3             |       |         | 2011                |             |
|                 | City<br>Clarendon Hills                                       | State<br>IL  | Zip Code<br>60514-1417          |          |                 |      |               |       |         | 135541-             | .35         |
|                 |   | _            | 50017-141/                      | —        | Amoun           | t of | Each          | Hecei | pt this | s Period            |             |
|                 | FEC ID number of contributing federal political committee.    | С            |                                 |          |                 | _    |               |       |         | 100                 | .00         |
|                 | Name of Employer  | Occupation   |                                 |          |                 |      |               |       |         |                     |             |
|                 | PCI   |              | President, Finance & Admin      |          |                 |      |               |       |         |                     |             |
|                 | Receipt For:  | Aggregate    | Year-to-Date ▼                  |          |                 |      |               |       |         |                     |             |
|                 | Other (specify) ▼   |              | 600.00                          |          |                 |      |               |       |         |                     |             |
|                 | Full Name (Last, First, Middle Initial)<br>Russell J. Wiltgen | ·            |                                 |          | Date o          | f Re | eceipt        |       |         |                     |             |
|                 | Mailing Address 31277 Chardonnay Pt                           |              |                                 |          | MM              | /    | / D           |       |         | YY                  | Y           |
|                 | City  | State        | Zip Code                        | _        | 12<br>Trans     |      |               | 29    |         | 2011                |             |
|                 | Waukee  | IA           | 50263-7065                      | $\vdash$ |                 |      |               |       |         | 132047-<br>s Period | <u></u>     |
|                 | FEC ID number of contributing federal political committee.    | С            |                                 |          |                 | -    |               |       |         | _                   | .76         |
|                 | Name of Employer  | Occupation   | 1                               | $\neg$   |                 |      |               |       |         |                     |             |
|                 | FBL Financial Group   | Insurance E  | xecutive                        |          |                 |      |               |       |         |                     |             |
|                 | Receipt For:<br>Primary General                               | Aggregate    | Year-to-Date ▼                  |          |                 |      |               |       |         |                     |             |
|                 | Other (specify) ▼   |              | 250.00                          |          |                 |      |               |       |         |                     |             |
|                 | Full Name (Last, First, Middle Initial)<br>Steven Wittmuss    | <u> </u>     |                                 |          | Date o          | f Re | eceipt        |       |         |                     |             |
|                 | Mailing Address 7410 Lambert Pl                               |              |                                 |          | <sup>M</sup> 12 | /    | / D           | 29 /  | Y       | y y<br>2011         | Y           |
|                 | City<br>Lincoln   | State<br>NE  | Zip Code<br>68516-5813          |          |                 |      |               |       |         | 132047              |             |
|                 |   | _            | 00010-0010                      | $\neg$   | Amoun           | t of | Each          | Recei | pt this | s Period            |             |
|                 | FEC ID number of contributing federal political committee.    | С            |                                 |          |                 |      | <br>J         |       | ,       | 50                  | 0.00        |
|                 | Name of Employer  | Occupation   |                                 |          |                 |      |               |       |         |                     |             |
|                 | FBL Financial Group<br>Receipt For:                           | 1            | al Vice President               |          |                 |      |               |       |         |                     |             |
|                 | Primary General   | Aggregate    | Year-to-Date ▼                  |          |                 |      |               |       |         |                     |             |
|                 | Other (specify) ▼   |              | 600.00                          |          |                 |      |               |       |         |                     |             |
| s               | UBTOTAL of Receipts This Page (optional)                      |              |                                 | ▶<br>-   | _               | -    |               |       | <u></u> | 170                 | .76         |
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#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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|  |               | Detailed Summary Page        |       | -         |      | 11b    |        | 11c              | 12          |             |
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| NAME OF COMMITTEE (In Full)  |               |                              |       |           |      |        |        |                  |             |             |
| Property Casualty Insurers A   | Association c | of America Political Act     | ion C | comn      | nitt | ee (   | PC     | I-PA             | C)          |             |
| Full Name (Last, First, Middle Initial)<br>A. Joe Woods                                    |               |                              |       | Date of   | f Re | eceipt |        |                  |             |             |
| Mailing Address 2100 Plumbrook Dr  |               |                              |       | м м<br>12 | /    |        | D<br>5 | / Y              | ү ү<br>2011 | Y           |
| City   | State         | Zip Code                     |       | Trans     | act  | ion ID | : 201  | 111229           | 9161659     | -37         |
| Austin   | ТХ            | 78746-6232                   | A     | Amoun     | t of | Each   | Rece   | eipt thi         | s Period    |             |
| FEC ID number of contributing federal political committee.                                 | С             |                              |       |           |      | Ţ      |        | 7                | 30          | 0.00        |
| Name of Employer   | Occupation    | 1                            |       |           |      |        |        |                  |             |             |
| PCI  | Vice Presid   | lent, State Government Relat |       |           |      |        |        |                  |             |             |
| Receipt For:   | Aggregate     | Year-to-Date ▼               |       |           |      |        |        |                  |             |             |
| Other (specify) ▼  |               | 720.00                       | ]     |           |      |        |        |                  |             |             |
| Full Name (Last, First, Middle Initial)<br>B. Joe Woods                                    | I             |                              |       | Date of   | f Re | eceipt |        |                  |             |             |
| Mailing Address 2100 Plumbrook Dr  |               |                              |       | M M<br>12 | /    | 3      |        | / Y              | y y<br>2011 | Y           |
| City   | State         | Zip Code                     |       |           | acti |        |        | 11230            | 0135541-    | 37          |
| Austin   | ТХ            | 78746-6232                   | /     | Amount    | t of | Each   | Rece   | eipt thi         | s Period    |             |
| FEC ID number of contributing federal political committee.                                 | C             |                              |       |           |      | ,      |        | 7                | 30          | .00         |
| Name of Employer<br>PCI  | Occupation    |                              |       |           |      |        |        |                  |             |             |
| Receipt For:   |               | ent, State Government Relat  |       |           |      |        |        |                  |             |             |
| Primary General  | Aggregate     | Year-to-Date ▼               |       |           |      |        |        |                  |             |             |
| Other (specify)  |               | 720.00                       |       |           |      |        |        |                  |             |             |
| Full Name (Last, First, Middle Initial)  |               |                              |       | Date of   | f Re | eceipt |        |                  |             |             |
| Mailing Address  |               |                              |       | M _ M     | /    | D      | D      | / Y              | Y Y         | Y           |
| City   | State         | Zip Code                     |       | Amoun     | t of | Fach   | Bece   | eipt thi         | s Period    |             |
| FEC ID number of contributing federal political committee.                                 | С             |                              |       |           |      | 1      |        | , <b>e</b> v u i |             |             |
| Name of Employer   | Occupation    | 1                            |       |           |      |        |        |                  |             |             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate     | Year-to-Date ▼               | ]     |           |      |        |        |                  |             |             |
| SUBTOTAL of Receipts This Page (optiona  |               |                              | •     |           |      | 7      |        | 7                | 60          | .00         |
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|  | for each category of the<br>Detailed Summary Page   | 11a         11b         11c         12           13         14         X         15         16         17  |
|--|---|--|
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| NAME OF COMMITTEE (In Full)<br>Property Casualty Insurers Asso   | ciation of America Political Ac   | ction Committee (PCI-PAC)  |
| Full Name (Last, First, Middle Initial)         Property Casualty Insurers Association         Mailing Address 2600 South River road         City         Des Plaines         FEC ID number of contributing         federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼ | of America          State       Zip Code         IL       60018         C                             | Date of Receipt<br>12 02 2011 Transaction ID : 422FC38D4CF5539A5E5<br>Amount of Each Receipt this Period<br>271.73 Nov Merchant & Paypal Charges |
| Full Name (Last, First, Middle Initial)         B. Property Casualty Insurers Association         Mailing Address 2600 South River road         City         Des Plaines         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼      | on of America<br>State Zip Code<br>IL 60018<br>C<br>Occupation<br>Aggregate Year-to-Date ▼<br>1247.97 | Date of Receipt<br>12 30 2011 Transaction ID : 4BFD3983E01346D53C7<br>Amount of Each Receipt this Period<br>134.12<br>Dec Merchant & Paypal Fees |
| Full Name (Last, First, Middle Initial)         C.         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼   | State     Zip Code       C  | Date of Receipt  |
| SUBTOTAL of Receipts This Page (optional)  |   | 405.85   |

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|   |               | Detailed Summary Page   |         | 11a       | $\vdash$ | 11b<br>14 | 11c       | 12<br>X 16    | r     | 1-7       |
|---|---------------|-------------------------|---------|-----------|----------|-----------|-----------|---------------|-------|-----------|
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| NAME OF COMMITTEE (In Full)   |               |                         | . 10 50 | HOIL CUL  | -u IQ    |           |           |               |       |           |
| Property Casualty Insurers  | Association o | f America Political Act | ion C   | Comr      | nitt     | :ee (F    | PCI-P     | AC)           |       |           |
| Full Name (Last, First, Middle Initial)<br>Barney Frank for Congress Comr                 | nittee        |                         | (       | Date of   | Re       | ceipt     |           |               |       |           |
| Mailing Address PO Box 260  |               |                         |         | M M<br>12 |          | 14        |           | y y y<br>2011 |       |           |
| City<br>Newtonville   | State<br>MA   | Zip Code<br>02460       |         |           |          |           |           | 517503D       |       | 1481      |
|   |               |                         | _ /     | 4mount    | of       | ⊨ach I    | Receipt   | this Perio    | od    |           |
| FEC ID number of contributing federal political committee.                                |               | 0128868                 |         | oture -   | 004      | ibution.  |           |               | 00.0  |           |
| Name of Employer  | Occupation    |                         | —       | ເບເທກ C   | onti     | noution   | no iong   | er runnin     | iy TO | I UITICE. |
| Receipt For:  | Aggregate     | Year-to-Date ▼          |         |           |          |           |           |               |       |           |
| Other (specify)   |               | 1500.00                 | ]       |           |          |           |           |               |       |           |
| Full Name (Last, First, Middle Initial)<br>3.   |               |                         | Date of | Re        | ceipt    |           |           |               |       |           |
| Mailing Address   |               |                         |         |           | 1        |           | D /       | Y Y Y         | ( Y   |           |
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| FEC ID number of contributing federal political committee.                                | С             |                         |         |           | _        | 7         | 7         |               |       |           |
| Name of Employer  | Occupation    |                         |         |           |          |           |           |               |       |           |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate     | Year-to-Date V          | ]       |           |          |           |           |               |       |           |
| Full Name (Last, First, Middle Initial)   |               |                         |         | Date of   | Re       | ceipt     |           |               |       |           |
| Mailing Address   |               |                         |         | M M       | 1 ′      |           | D /       | Y Y Y         | ( - ) |           |
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| FEC ID number of contributing federal political committee.                                | С             |                         |         | anount    | . 01     |           | i ieceipt |               | JU    |           |
| Name of Employer  | Occupation    |                         |         |           |          |           |           |               |       |           |
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| Other (specify)   |               | 17                      | 1       |           |          |           |           |               |       |           |
| SUBTOTAL of Receipts This Page (option  | al)           |                         |         |           | _        |           |           | 150           | 0.00  | 0         |
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| S                     | CHEDULE B (FEC Form 3X)  |                                    |                                      |           |   |           | UMBEI           | R:    |           |            | PA        | GE   | 63 (          | DF 74     |
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| _                     |  |                                    | Summary Page                         |           |   | 21b<br>27 | 22<br>28a       |       | 23<br>28b |            | 24<br>28c |      | 25<br>29      | 26<br>30b |
|                       | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nar |                                    |                                      |           |   |           |                 |       |           |            |           |      |               |           |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)  |                                    |                                      |           |   |           |                 |       |           |            |           |      |               |           |
|                       | Property Casualty Insurers Associa   | ation of .                         | America Po                           | itica     | A   | ction     | Com             | mit   | tee       | (P         | CI-P      | AC)  | )             |           |
| Α.                    | Full Name (Last, First, Middle Initial)  |                                    |                                      |           |   |           | Date            | of D  | isburse   | em         | ent       |      |               |           |
|                       | Mailing Address 9575 West Higgins Road   |                                    |                                      |           |   |           | M<br>12         |       | D (       | D<br>01    | /         |      | )11<br>)      | Y         |
|                       | City   | State                              | Zip Code                             |           |   |           | Trar            | sac   | tion IF   | <b>.</b>   | 284E62    | 1980 | -8522         | B40F6     |
|                       | Rosemont   | IL                                 | 60018                                |           |   |           | mai             | 1340  |           |            | 204202    |      |               | .04010    |
|                       | Purpose of Disbursement<br>Dec Merchant Fee  |                                    |                                      | C         | 01  |           | Amou            | nt of | Each      | D          | isburse   | ment | this I        | Period    |
|                       | Candidate Name   |                                    |                                      | Cate<br>T | egoi<br>ype                                   |           |                 |       | 7         |            |           |      | 106           | .95       |
|                       | Office Sought: House Disburser<br>Senate President   |                                    |                                      |           |   | ,         |                 | ,     |           |            |           |      |               |           |
|                       | State: District:   |                                    |                                      |           |   |           |                 |       |           |            |           |      |               |           |
| В.                    | Full Name (Last, First, Middle Initial)<br>US Bank   |                                    |                                      | Date      | of D  | isburse   | em              | ent   |           |            |           |      |               |           |
|                       | Mailing Address 9575 West Higgins Road   |                                    |                                      |           |   |           | M<br>12         |       | D         | р<br>13    | / Y       |      | )<br>011      | Y         |
|                       |  |                                    |                                      |           |   |           |                 |       |           |            |           |      | _             |           |
|                       | Rosemont   | State<br>IL                        | Zip Code<br>60018                    |           |   |           | Trai            | nsac  | tion IE   | <b>)</b> : | E68719    | C3C  | 256D          | 3D49CA    |
|                       | Purpose of Disbursement<br>Dec Paypal Fee  |                                    |                                      | (         | 01  |           | Amou            | nt of | Each      | D          | isburse   | ment | this I        | Period    |
|                       | Candidate Name   |                                    |                                      | Cate      | egoi<br>ype                                   | ry/       |                 |       | 7         |            |           |      | 30            | 0.00      |
|                       | Office Sought: House Disburser<br>Senate President   | ment For:<br>Primary<br>Other (spe | General<br>cify) ▼                   |           | <u> </u>                                      |           |                 |       |           |            |           |      |               |           |
|                       | State: District:   |                                    |                                      |           |   |           |                 |       |           |            |           |      |               |           |
| C.                    | Full Name (Last, First, Middle Initial)<br>US Bank   |                                    |                                      |           |   |           | Date            | of D  | isburse   | em         | ent       |      |               |           |
|                       | Mailing Address 9575 West Higgins Road   |                                    |                                      |           |   |           | <sup>™</sup> 12 |       |           | D<br>30    | /         |      | )11<br>)      | Y         |
|                       | City<br>Rosemont   | State<br>IL                        | Zip Code<br>60018                    |           |   |           | Trai            | nsac  | tion IE   | <b>D</b> : | D01454    | DF6  | B9EE          | 404AFD    |
|                       | Purpose of Disbursement<br>December Merchant Fees  | IL                                 | 00018                                |           | 01  |           |                 |       |           |            |           |      |               |           |
|                       | Candidate Name   |                                    |                                      | Cate      | 01<br>egoi<br>ype                             |           | Amou            | nt of | Each      | D          | isburse   | ment | this I<br>104 |           |
|                       | Senate<br>President  | ment For:<br>Primary<br>Other (spe | General<br>cify) ▼                   |           | <u>, , , , , , , , , , , , , , , , , , , </u> |           |                 |       | 3         |            |           |      |               |           |
| _                     | State: District:   |                                    |                                      |           |   |           |                 |       |           |            |           |      |               |           |
| ⊢                     | UBTOTAL of Disbursements This Page (optional).   |                                    |                                      |           |   |           | E               | _     | 7         |            | , ,       | -    | 241<br>241    |           |
| ΓT                    | OTAL This Period (last page this line number only)   | )                                  |                                      |           |   |           |                 |       | 7         |            |           |      |               |           |

| S         | CHEDULE B (FEC Form 3X)  |                                    |                                      | F      | OR    |           | NI  | IMBER     |       |           |            | PA        | GE   | 64         | OF 74     |
|-----------|--|------------------------------------|--------------------------------------|--------|-------|-----------|-----|-----------|-------|-----------|------------|-----------|------|------------|-----------|
| IT        | EMIZED DISBURSEMENTS   |                                    | arate schedule(s)<br>category of the |        | -     | k onl     | -   | ne)       |       |           | _          |           |      |            |           |
|           |  |                                    | Summary Page                         |        |       | 21b<br>27 | ┝   | 22<br>28a | ×     | 23<br>28b | -          | 24<br>28c |      | 25<br>29   | 26<br>30b |
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| $\square$ | NAME OF COMMITTEE (In Full)  |                                    |                                      |        |       |           |     | _         |       |           |            | _         | _    |            |           |
|           | Property Casualty Insurers Associa   | ation of                           | America Poli                         | itica  | ΙA    | ctio      | n ( | Comr      | nitt  | ee        | (P         | PCI-P     | AC   | )          |           |
| Α.        | Full Name (Last, First, Middle Initial)<br>Canseco for Congress  |                                    |                                      |        |       |           |     | Date o    | f Dis | sburs     | em         | nent      |      |            |           |
|           |  |                                    |                                      |        |       |           |     | M         | /     | D         | D          | /         | Y Y  | Y          | Y         |
|           | Mailing Address 10004 Wurzbach Road #366   |                                    |                                      |        |       |           |     | 12        |       | 2         | 21         |           | 20   | 011        |           |
|           | 5  | State                              | Zip Code                             |        |       |           |     | Trans     | sacti | ion IE    | ):         | 948926    | 6A93 | 3F286      | 4B5BA     |
|           | San Antonio Purpose of Disbursement  | ТХ                                 | 78230                                |        |       |           |     |           |       |           |            |           |      |            |           |
|           | 2012 Primary   |                                    |                                      | C      | 011   |           |     | Amoun     | t of  | Each      | D          | isburse   | ment | t this     | Period    |
|           | Candidate Name   |                                    |                                      | Cat    | egoi  | ry/       |     |           |       |           | 7          |           |      | 100        | 0.00      |
|           | Francisco Raul Canseco   |                                    |                                      |        | ype   |           |     | <u> </u>  |       | 7         | -          | - 7       |      | 100        | 0.00      |
|           | Office Sought: X House Disburser<br>Senate President   |                                    |                                      |        |       |           |     |           |       |           |            |           |      |            |           |
|           | State: TX District: 23   |                                    |                                      |        |       |           |     |           |       |           |            |           |      |            |           |
| В.        | Full Name (Last, First, Middle Initial)<br>Cleaver for Congress  |                                    |                                      | Date o | f Dis | sburs     | em  | nent      |       |           |            |           |      |            |           |
|           |  |                                    |                                      |        |       |           |     | M M       | /     | D         | D          | 1         | Y Y  | Y          | Y         |
|           | Mailing Address 4801 Main Street, Stuite 1000  |                                    |                                      |        |       |           |     | 12        |       |           | 21         |           | 2    | 011        |           |
|           | City S<br>Kansas City  | State<br>MO                        | Zip Code<br>64112                    |        |       |           |     | Trans     | sacti | ion II    | <b>)</b> : | 789783    | BC51 | 550A       | D2ED5E    |
|           | Purpose of Disbursement<br>2012 Primary  |                                    |                                      | (      | 011   |           |     | Amoun     | t of  | Each      | D          | isburse   | ment | t this     | Period    |
|           | Candidate Name   |                                    |                                      | Cat    |       | n/        |     |           |       |           |            |           |      |            |           |
|           | Emanuel Cleaver II   |                                    |                                      |        | ype   |           |     |           |       | 7         |            |           |      | 200        | 0.00      |
|           | Senate X<br>President  | nent For:<br>Primary<br>Other (spe | General                              |        |       |           | -   |           |       |           |            |           |      |            |           |
| _         | State: MO District: 05   |                                    |                                      |        |       |           | -   |           |       |           |            |           |      |            |           |
| C.        | Full Name (Last, First, Middle Initial)<br>Committee To Re-Elect Nydia M. V                            | /elazqu                            | ez To Congr                          | ess    |       |           |     | Date o    |       |           |            |           |      |            |           |
|           | Mailing Address 315 Inspiration Lane   |                                    |                                      |        |       |           |     | 12        | /     | D         | 16         |           |      | 011<br>011 | Y         |
|           | ,  | State<br>MD                        | Zip Code<br>20878                    |        |       |           |     | Trans     | sacti | ion II    | <b>)</b> : | 9322F     | 7FD  | 1835       | 5015E3    |
|           | Purpose of Disbursement  |                                    | 20070                                | _      |       |           | 1   |           |       |           |            |           |      |            |           |
|           | 2012 General   |                                    |                                      | C      | 011   |           |     | Amoun     | t of  | Each      | D          | isburse   | ment | t this     | Period    |
|           | Candidate Name   |                                    |                                      | Cat    |       |           |     |           |       |           | 1          |           |      | 100        | 0.00      |
|           | Nydia Margarita Velazquez  | ment For:                          | 2012                                 | 1      | ype   |           | -   |           | -     | 7         | -          | - 7       | -    |            |           |
|           | Senate<br>President  | Primary<br>Other (spe              | K General                            |        |       |           |     |           |       |           |            |           |      |            |           |
| _         | State: NY District: 12   |                                    |                                      |        |       |           |     |           |       |           | _          |           |      |            |           |
| s         | UBTOTAL of Disbursements This Page (optional)  |                                    |                                      |        |       |           |     |           |       | 9         | 2          |           |      | 4000       | 0.00      |
| Т         | OTAL This Period (last page this line number only)   | )                                  |                                      |        |       | •         |     |           |       | 7         |            | . ,       |      |            |           |

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| SCH      | IEDULE B (FEC Form 3X)   |  | F                | OR I         | INF N    | UMBER:  |             | P          | AGE 65     | OF 74    |
|----------|--|--|------------------|--------------|----------|---------|-------------|------------|------------|----------|
| ITE      | MIZED DISBURSEMENTS  | Use separate schedule(s<br>for each category of the    | <sup>3)</sup> (c | heck         | only c   | -       | <b>X</b> 23 | 24         | 25         | 26       |
|          |  | Detailed Summary Page                                  |                  |              | 270      | 28a     | 23<br>28b   | 24         |            |          |
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|          | AME OF COMMITTEE (In Full)   |  |                  |              |          | •       | •           |            |            |          |
| / ۲      | Property Casualty Insurers Associa   | ation of America Po                                    | olitica          | I AC         | tion     | Comm    | nittee      | (PCI-F     | AC)        |          |
| -        | ull Name (Last, First, Middle Initial)<br>Committee To Re-Elect Nydia M. V                         | /elazquez To Cong                                      | ress             |              |          | Date of | Disburse    | ement      |            |          |
| M        | ailing Address 315 Inspiration Lane  |  |                  |              |          | 12      | / D         | D /<br>21  | 2011       | Y        |
| Ci<br>Gi | ty S<br>aithersburg  | State Zip Code<br>MD 20878                             |                  |              |          | Transa  | action ID   | ) : 603A7  | 7212224    | 79D2B8   |
|          | urpose of Disbursement<br>2012 Primary   |  |                  | 011          | ٦        | Amount  | of Each     | Disburse   | ement this | s Period |
|          | andidate Name  | egory  | //               |              |          |         | 12          | 50.00      |            |          |
|          | Iydia Margarita Velazquez<br>ffice Sought: 🗙 House Disbursen                                       | уре  |                  |              | - 7 - 1  |         |             |            |            |          |
|          | Senate<br>President  |  |                  |              |          |         |             |            |            |          |
|          | ate: NY District: 12   |  |                  |              |          |         |             |            |            |          |
|          | ull Name (Last, First, Middle Initial)<br>Congressional Black Caucus Pac                           |  |                  |              | Disburse |         |             |            |            |          |
| M        | ailing Address 1831 Bay Street SE  |  |                  |              |          | 12      |             | 30         | 2011       | Y        |
|          | ashington  | StateZip CodeDC20003                                   |                  |              |          | Trans   | action II   | D : C5FF6  | 3583FDE    | 2988546  |
| 2        | urpose of Disbursement<br>2011 Contribution  |  |                  | 011          | 1        | Amount  | of Each     | Disburse   | ement this | s Period |
|          | andidate Name<br>Congressional Black Caucus Pac  |  |                  | egory<br>ype | //       |         |             |            | -50        | 00.00    |
|          | ffice Sought: House Disbursen  | nent For: 2011   | 1                | ype          | _        |         |             |            | _          |          |
| _        | President  | Primary General<br>Other (specify)                     |                  |              |          |         |             |            |            |          |
|          | ate: District:   | Contributio  | 'n               |              |          |         |             |            |            |          |
| -        | David Scott for Congress   |  |                  |              |          | Date of | Disburs     | ement      | Y Y Y      | Y        |
| M        | ailing Address PO Box 960821   |  |                  |              |          | 12      |             | 30         | 2011       |          |
|          | verdale  | State Zip Code<br>GA 30296                             |                  |              |          | Trans   | action IE   | D : 367D7  | 4B9C3A     | 95E20F48 |
| 2        | urpose of Disbursement<br>2010 General   |  | 011              |              | Amount   | of Each | Disburse    | ement this | s Period   |          |
|          | andidate Name<br>David Albert Scott  |  |                  | egory        | //       |         |             |            | -10        | 00.00    |
|          | ffice Sought: House Disbursen  | nent For: 2010<br>Primary X General<br>Other (specify) |                  | ӯре          |          |         |             | 7          |            | * · · ·  |
| St       | ate: GA District: 13   |  |                  |              |          |         |             |            |            |          |
|          | <b>TOTAL</b> of Disbursements This Page (optional)   | ▶<br>▶   |                  | -            |          |         | 50.00       |            |            |          |

| S         | CHEDULE B (FEC Form 3X)   |                     |   |        |              |           | IUMBER          |        |              | PA        | GE   | 66 (     | DF 74     |
|-----------|---|---------------------|---|--------|--------------|-----------|-----------------|--------|--------------|-----------|------|----------|-----------|
|           | EMIZED DISBURSEMENTS  |                     | parate schedule(s)<br>a category of the |        | heck         | only      | one)            |        | 1 -          |           |      | 1        |           |
|           |   |                     | Summary Page                            |        |              | 21b<br>27 | 22<br>28a       | ×      | 23<br>28b    | 24<br>28c |      | 25<br>29 | 26<br>30b |
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| $\square$ | NAME OF COMMITTEE (In Full)   |                     |   |        |              |           | _               |        |              |           |      |          |           |
|           | Property Casualty Insurers Associa  | ation of            | America Pol                             | litica | l Ac         | ction     | Comr            | nitt   | ee (         | PCI-P     | AC)  |          |           |
| Α.        | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campai                              | ian Cor             | nmittee                                 |        |              |           | Date o          | of Dis | sburse       | ement     |      |          |           |
|           |   |                     |   |        |              |           | M M             | /      | D            | D /       | Y Y  | Y        | Y         |
|           | Mailing Address 430 South Capitol Street, SE<br>2nd Floor   |                     |   |        |              |           | 12              |        | 2            | 1         | 20   | )11      |           |
|           | ,   | State               | Zip Code                                |        |              |           | Trans           | sacti  | ion ID       | : B4E3D   | 1102 | D07C     | D271B5    |
|           | Washington Purpose of Disbursement  | DC                  | 20003                                   |        |              |           |                 |        |              |           |      |          |           |
|           | 2011 Contribution   |                     |   | C      | )11          |           | Amoun           | it of  | Each         | Disburse  | ment | this I   | Period    |
|           | Candidate Name  |                     |   |        | egory        | y/        |                 |        |              |           |      | 5000     | .00       |
|           | Democratic Congressional Campai   | gn Con<br>nent For: |   | Т      | ype          |           |                 | -      | 7            | - 7       | -    |          |           |
|           | Senate  |                     |   |        |              |           |                 |        |              |           |      |          |           |
|           | President   |                     |   |        |              |           |                 |        |              |           |      |          |           |
|           | State: District:  |                     |   |        |              |           |                 |        |              |           |      |          |           |
|           | Full Name (Last, First, Middle Initial)   |                     |   |        |              |           |                 |        |              |           |      |          |           |
| Β.        | Friends of Bennie Thompson  |                     |   | Date o | of Dis       | sburse    | ement           |        |              |           |      |          |           |
|           |   |                     |   |        |              |           | M M             | /      | D            |           |      | Y        | Y         |
|           | Mailing Address PO Box 100  |                     |   |        |              |           | 12              |        | 3            | 30        | 20   | 011      |           |
|           | Bolton  | State<br>MS         | Zip Code<br>39041                       |        |              |           | Trans           | sacti  | ion ID       | : 5AB78   | 31F2 | A4D7     | F38BAD    |
|           | Purpose of Disbursement<br>2012 Primary   |                     |   |        |              |           | A               |        | <b>F</b> aab | Dieleuwee |      | Ala:a I  | Devied    |
|           | Candidate Name  |                     |   | land.  | 011          | _         | Amoun           | it of  | Each         | Disburse  | ment | this i   | Period    |
|           | Bennie G. Thompson  |                     |   |        | egory<br>ype | //        | L .             |        |              |           |      | -1000    | 0.00      |
|           |   | ment For:           | 2012                                    | '      | ypo          |           |                 |        | 7            |           |      |          |           |
|           |   | Primary             | General                                 |        |              |           |                 |        |              |           |      |          |           |
|           | President   | Other (spe          | ecify) 🔻                                |        |              |           |                 |        |              |           |      |          |           |
|           | State: MS District: 02  |                     |   |        |              |           |                 |        |              |           |      |          |           |
| ~         | Full Name (Last, First, Middle Initial)   |                     |   |        |              |           |                 |        |              |           |      |          |           |
| C.        | Friends of Jeb Hensarling   |                     |   |        |              |           | Date o          | t Dis  |              |           |      |          |           |
|           | Mailing Address PO Box 820504   |                     |   |        |              |           | <sup>M</sup> 12 | /      | 0            | 8         |      | )11<br>) | Y         |
|           | City  | State               | Zip Code                                |        |              |           | _               |        |              |           |      |          |           |
|           | Dallas  | ТХ                  | 75382                                   |        |              |           | Trans           | sact   | ion ID       | : DB71B   | 5D8E | 3942F    | 5C1981    |
|           | Purpose of Disbursement<br>2012 Primary   |                     |   |        |              |           |                 |        |              |           |      |          |           |
|           | Candidate Name  |                     |   | (      | )11          | _         | Amoun           | t of   | Each         | Disburse  | ment | this I   | Period    |
|           | Thomas Jeb Hensarling   |                     |   |        | egory<br>ype | y/        |                 |        |              |           |      | -1000    | .00       |
|           |   | ment For:           | 2012                                    | 1      | ype          |           |                 |        | 7            |           |      |          |           |
|           | Senate  | Primary             | General                                 |        |              |           |                 |        |              |           |      |          |           |
|           | President   | Other (spe          | ecify) 🔻                                |        |              |           |                 |        |              |           |      |          |           |
|           | State: TX District: 05  |                     |   |        |              |           |                 |        |              |           |      |          |           |
|           | IIDTOTAL of Dichurcomente This Dans (artists 1)   |                     |   |        |              |           |                 |        | -            |           |      | 3000     | .00       |
| Ľ         | <b>UBTOTAL</b> of Disbursements This Page (optional)  |                     |   |        |              |           | +               | ÷      | 7            | - 7       | +    |          |           |
| т         | OTAL This Period (last page this line number only)  |                     |   |        |              |           |                 |        | ,            |           |      |          |           |

| S                     | CHEDULE B (FEC Form 3X)   |  | FO                   | RII          |       | UMBER:          |                     |               |                  | PAGE               | 67            | OF 74              |                |
|-----------------------|---|--|----------------------|--------------|-------|-----------------|---------------------|---------------|------------------|--------------------|---------------|--------------------|----------------|
| IT                    | EMIZED DISBURSEMENTS  | Use separate schedule<br>for each category of th     | · / I                |              | eck ( | only c          | one)                |               |                  | L                  |               |                    |                |
|                       |   | Detailed Summary Pag                                 |                      |              | 2     | 1b<br>7         | 22<br>28a           | ×             | 23<br>28b        | 2                  | 4<br>8c       | 25<br>29           | 26<br>30b      |
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|                       | NAME OF COMMITTEE (In Full)   |  |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
| $\left \right\rangle$ | Property Casualty Insurers Associa  | ation of America F                                   | Politic              | cal .        | Act   | ion             | Comn                | nitt          | ee (             | PCI-               | PA            | C)                 |                |
| ~                     | Full Name (Last, First, Middle Initial)   |  |                      |              |       |                 | Date of             |               | bure             | mont               |               |                    |                |
| А.                    | Friends of Mary Landrieu Inc  |  |                      |              |       |                 | Date of             | Dis           | DUISE            |                    | V             | YY                 | V              |
|                       | Mailing Address 700 13th Street NW<br>Suite 600   |  |                      |              |       |                 | 12                  | Í             |                  | 0                  |               | 2011               |                |
|                       | 5   | State Zip Code                                       |                      |              |       |                 | Trans               | acti          | on ID            | : A75:             | 36C5          | 5AF916             | 6DC778         |
|                       | Washington Purpose of Disbursement  | DC 20005   | -                    |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       | 2014 Primary  |  | 10                   | 01           | 1     | 11              | Amount              | of            | Each             | Disbu              | seme          | nt this            | Period         |
|                       | Candidate Name  |  |                      | Cateo        | gory/ |                 | <b></b>             |               |                  |                    |               | -500               | 0.00           |
|                       | Mary L. Landrieu  |  |                      | Тур          | be    |                 |                     | -             | 7                | _                  | ,             | -300               | 5.00           |
|                       |   | nent For: 2014<br>Primary Genera                     | al                   |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       | President   |  |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       | State: LA District:   |  |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
| Р                     | Full Name (Last, First, Middle Initial)   |  |                      | Data af      |       |                 |                     |               |                  |                    |               |                    |                |
| D.                    | Friends of Nan Hayworth   |  |                      |              |       |                 | Date of             | Dis           |                  |                    |               |                    |                |
|                       | Mailing Address PO Box 188  |  |                      |              |       |                 | 12                  | <i>'</i>      |                  | 6 /                | Y             | 2011               | Ŷ              |
|                       | Carmel  | State Zip Code<br>NY 10512                           |                      |              |       |                 | Trans               | acti          | on ID            | ) : 1924           | D86F          | CC900              | 01AD20         |
|                       | Purpose of Disbursement<br>2012 Primary   |  | IГ                   | 01           | 1     | 11.             | Amount              | of            | Each             | Dichu              | como          | nt thic            | Pariod         |
|                       | Candidate Name  |  |                      |              |       | 11              | Aniouni             | . 01          | Lach             | Disbui             | Seme          |                    | renou          |
|                       | Nan Alison Sutter Hayworth  |  |                      | Cateo<br>Typ |       |                 | L.                  |               | 7                |                    | ,             | 100                | 0.00           |
|                       |   | nent For: 2012                                       |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       |   | Primary General Other (specify)                      | al                   |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       | State: NY District: 19  | Other (specify)                                      |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       | Full Name (Last, First, Middle Initial)   |  |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
| C.                    | House Conservatives Fund  |  |                      |              |       |                 | Date of             | Dis           | burse            | ement              |               |                    |                |
|                       | Mailing Address 228 S. Washington St., Ste. 115   |  |                      |              |       |                 | M M<br>12           | /             |                  | 0                  | Y             | 2011               | Y              |
|                       | 5   | State Zip Code                                       |                      |              |       |                 | Trans               | acti          | on ID            | : ADF              | 08A7          | 7E19DI             | E585A6B        |
|                       | Alexandria Purpose of Disbursement  | VA 22314   |                      |              | _     |                 |                     |               |                  |                    |               |                    |                |
|                       | 2011 Contribution   |  |                      | 01           | 1     |                 | Amount              | of            | Each             | Disbu              | seme          | nt this            | Period         |
|                       | Candidate Name  |  | C                    | Categ        |       |                 |                     |               | -                |                    | -             | -100               | 00             |
|                       | House Conservatives Fund Office Sought: House Disburser   | ment For and   |                      | Тур          | ре    |                 |                     | -             | 7                | _                  | 7             | 100                | 5.00           |
|                       | Office Sought: House Disburser  | nent For: 2011<br>Primary Genera                     | al                   |              |       |                 |                     |               |                  |                    |               |                    |                |
|                       | President   | Other (specify)                                      |                      |              |       |                 |                     |               |                  |                    |               |                    |                |
| _                     | State: District:  | Contribut  | tion                 |              |       |                 |                     |               |                  |                    |               |                    |                |
| s                     | UBTOTAL of Disbursements This Page (optional)   |  |                      |              | 7     |                 | ,                   | -5000         | ).00             |                    |               |                    |                |
| Т                     | OTAL This Period (last page this line number only)  |  |                      |              | )     | •               |                     |               | ,                |                    | ,             |                    |                |

| S                | CHEDULE B (FEC Form 3X)  |                      | F                                    | OR        | LINE       | E NU      | JMBER | :         |        |           | PAG          | E 68      | OF 74       |                |
|------------------|--|----------------------|--------------------------------------|-----------|------------|-----------|-------|-----------|--------|-----------|--------------|-----------|-------------|----------------|
| IT               | EMIZED DISBURSEMENTS   |                      | arate schedule(s)<br>category of the |           |            | k on      | ly o  | ne)       |        |           | ·            |           |             |                |
|                  |  |                      | Summary Page                         |           |            | 21b<br>27 | -     | 22<br>28a | ×      | 23<br>28b |              | 24<br>28c | 25<br>29    | 26<br>30b      |
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| $\left[ \right]$ | NAME OF COMMITTEE (In Full)  |                      |                                      |           |            |           |       |           |        |           |              |           |             |                |
|                  | Property Casualty Insurers Associa   | ation of             | America Pol                          | litica    | A          | ctic      | on (  | Comr      | nitt   | ee (      | PCI          | -PA       | C)          |                |
| Α.               | Full Name (Last, First, Middle Initial)<br>House Conservatives Fund                                    |                      |                                      |           |            |           |       | Date o    | of Dis | sburse    | ement        |           |             |                |
|                  | Mailing Address 228 S. Washington St., Ste. 115  |                      |                                      |           |            |           | -     | M M       | /      | D<br>3    | D /          | Y         | y y<br>2011 | Y              |
|                  |  | 21-1-                | 7. 0. 1.                             |           |            |           |       |           |        | _         |              |           |             |                |
|                  | City S<br>Alexandria   | State<br>VA          | Zip Code<br>22314                    |           |            |           |       | Trans     | sacti  | ion ID    | : E15        | 65910     | C7F6BE      | 37E1620        |
|                  | Purpose of Disbursement  |                      |                                      | -         |            | _         | -     |           |        |           |              |           |             |                |
|                  | 2011 Contribution  |                      |                                      | C         | )11        |           |       | Amoun     | t of   | Each      | Disbu        | rseme     | ent this    | Period         |
|                  | Candidate Name   |                      |                                      | Cate      | <u> </u>   |           |       |           |        |           |              |           | -100        | 0.00           |
|                  | House Conservatives Fund Office Sought: House Disburser  | nent For:            | 2010                                 | Ţ         | ype        | 1         | _     |           |        | 7         |              | 7         |             |                |
|                  | Senate   |                      |                                      |           |            |           |       |           |        |           |              |           |             |                |
|                  | President  |                      |                                      |           |            |           |       |           |        |           |              |           |             |                |
|                  | State: District:   |                      |                                      |           |            |           |       |           |        |           |              |           |             |                |
| _                | Full Name (Last, First, Middle Initial)  |                      |                                      |           |            |           |       |           |        |           |              |           |             |                |
| в.               | Jackie Speier for Congress   |                      |                                      |           |            |           |       | Date o    |        |           |              |           |             |                |
|                  | Mailing Address PO Box 112   |                      |                                      |           |            |           | -     | M M       | /      | D         | BO /         | Y         | 2011        | Y              |
|                  |  |                      |                                      |           |            |           |       | 12        |        |           |              | -         | 2011        |                |
|                  | City S<br>Burlingame   | State<br>CA          | Zip Code<br>94011                    |           |            |           |       | Tran      | sacti  | ion IC    | ) : 9E1      | 6AA6      | 5D507       | ED99CBE        |
|                  | Purpose of Disbursement  |                      | 34011                                | -         |            | _         | -     |           |        |           |              |           |             |                |
|                  | 2012 Primary   |                      |                                      | C         | 011        |           |       | Amoun     | t of   | Each      | Disbu        | rseme     | ent this    | Period         |
|                  | Candidate Name   |                      |                                      | Cate      |            |           |       |           |        |           |              |           | -100        | 0.00           |
|                  | K. Jacqueline Speier Office Sought: Y House Disburser  | nant Fari            |                                      | T         | ype        |           | _     | <u> </u>  |        | 7         | _            | 7         | 100         | 0.00           |
|                  |  | nent For:<br>Primary | 2012 General                         |           |            |           |       |           |        |           |              |           |             |                |
|                  | President  | Other (spe           |                                      |           |            |           |       |           |        |           |              |           |             |                |
|                  | State: CA District: 14   |                      | 57 <b>v</b>                          |           |            |           |       |           |        |           |              |           |             |                |
|                  | Full Name (Last, First, Middle Initial)  |                      |                                      |           |            |           |       |           |        |           |              |           |             |                |
| C.               | Lee, Sheila Jackson  |                      |                                      |           |            |           |       | Date o    | of Dis | sburse    | ement        |           |             |                |
|                  | Mailing Address 4440 Alexada Daad  |                      |                                      |           |            |           | -     | M M       | /      |           |              | Y         | Y Y<br>2011 | Y              |
|                  | Mailing Address 4412 Almeda Road   |                      |                                      |           |            |           |       | 12        |        |           | 6            | -         | 2011        | _              |
|                  | City   | State                | Zip Code                             |           |            |           |       | Tran      | sacti  | ion IC    | • 4EF        | 72770     | BECB        | 445E916        |
|                  | Houston  | ТХ                   | 77004                                |           |            |           |       | ITali     | Saci   |           | , 4rt        | 1211      |             | 4452910        |
|                  | Purpose of Disbursement<br>2012 Primary  |                      |                                      |           | )11        |           |       |           |        |           | <b>D</b> . 1 |           |             | <b>D</b> · · · |
|                  | Candidate Name   |                      |                                      |           |            |           |       | Amoun     | it of  | Each      | Disbu        | rseme     | ent this    | Period         |
|                  | Sheila Jackson Lee   |                      |                                      | Cate<br>T | ego<br>ype |           |       |           |        | _         |              | _         | 200         | 0.00           |
|                  | Office Sought: House Disburser   | ment For:            | 2012                                 |           |            |           | 1     |           |        | 7         |              | 7         |             |                |
|                  | Senate   | Primary              | General                              |           |            |           |       |           |        |           |              |           |             |                |
|                  | State: TX District: 18   | Other (spe           | ecity) 🔻                             |           |            |           |       |           |        |           |              |           |             |                |
|                  | State: TX District: 18   |                      |                                      |           |            |           |       | _         | _      | _         |              | _         |             |                |
| s                | UBTOTAL of Disbursements This Page (optional)  |                      |                                      |           |            |           |       |           |        |           |              |           |             | 0.00           |
| F                |  |                      |                                      |           |            | -         |       | +         | +      | 7         |              | 7         |             |                |
| т                | OTAL This Period (last page this line number only)   |                      |                                      |           |            | •         |       | L.        |        | 7         |              | 7         |             |                |

| S           | CHEDULE B (FEC Form 3X)  |   | FOR LINE                              | NUMBER: PAGE 69 OF 74   |
|-------------|--|---|---------------------------------------|---|
|             | EMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the         | ) (check only                         | v one)  |
|             |  | Detailed Summary Page                                     | 21b<br>27                             | 22         X         23         24         25         26           28a         28b         28c         29         30b |
| Ar<br>or    | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nar | ments may not be sold or u<br>ne and address of any polit | sed by any perso<br>ical committee to | on for the purpose of soliciting contributions oslicit contributions from such committee.                             |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |   |                                       |   |
| $ \rangle$  | Property Casualty Insurers Associa   | ation of America Po                                       | litical Actior                        | n Committee (PCI-PAC)   |
| Δ           | Full Name (Last, First, Middle Initial)  |   |                                       | Date of Disbursement  |
| /11         | Liberty Project  |   |                                       |   |
|             | Mailing Address PO Box 30844   |   |                                       | 12 16 2011  |
|             | - )  | State Zip Code  |                                       | Transaction ID: 971D3D1D36D12858F97   |
|             | Bethesda Purpose of Disbursement   | MD 20824  |                                       | · · · · · · · · · · · · · · · · · · ·   |
|             | 2011 Contribution  |   | 011                                   | Amount of Each Disbursement this Period   |
|             | Candidate Name   |   | Category/                             | 5000.00   |
|             | Liberty Project  |   | Туре                                  | 5000.00   |
|             | Office Sought: House Disburser   | ment For: 2011<br>Primary General                         |                                       |   |
|             | President  | Other (specify)   |                                       |   |
| _           | State: District:   | Contributior  | ۱                                     |   |
| _           | Full Name (Last, First, Middle Initial)  |   |                                       |   |
| В.          | Lincoln Pac  |   |                                       | Date of Disbursement  |
|             | Mailing Address PO Box A3968   |   |                                       | 12 30 2011  |
|             |  |   |                                       | 12 00 2011  |
|             | 5  | State Zip Code  |                                       | Transaction ID : FDDC85BC3C49ED94DCE  |
|             | Chicago<br>Purpose of Disbursement   | IL 60690  |                                       |   |
|             | 2011 Contribution  |   | 011                                   | Amount of Each Disbursement this Period   |
|             | Candidate Name   |   | Category/                             | -1000.00  |
|             | Lincoln Pac  | mont For: 0040  | Туре                                  | -100.00   |
|             | Office Sought: House Disburser<br>Senate   | ment For: 2010<br>Primary General                         |                                       |   |
|             | President  | Other (specify)   |                                       |   |
|             | State: District:   | Contribution  | ۱                                     |   |
| _           | Full Name (Last, First, Middle Initial)  |   |                                       |   |
| C.          | Lynn Jenkins for Congress  |   |                                       | Date of Disbursement  |
|             | Mailing Address PO Box 1441  |   |                                       | 12 16 / Y Y Y Y<br>12 16 2011   |
|             | City   | State Zip Code  |                                       |   |
|             | Topeka   | KS 66601  |                                       | Transaction ID : D30C1467ADB8156D274  |
|             | Purpose of Disbursement<br>2012 Primary  |   | 011                                   |   |
|             | Candidate Name   |   | 011                                   | Amount of Each Disbursement this Period   |
|             | Lynn Jenkins   |   | Category/<br>Type                     | 2000.00   |
|             |  | ment For: 2012  |                                       |   |
|             | Senate X   | Primary General   |                                       |   |
|             | State: KS District: 02   | Other (specify)   |                                       |   |
|             | State: KS District: 02   |   |                                       |   |
| s           | <b>UBTOTAL</b> of Disbursements This Page (optional)   |   |                                       | 6000.00   |
| ⊢           |  |   | F                                     |   |
| т           | OTAL This Period (last page this line number only  | )   | ▶                                     |   |

| S            | CHEDULE B (FEC Form 3X)   | )B                    |                                   |        | JMBER |          |         |           | PA    | GE        | 70        | OF 74     |      |            |           |
|--------------|---|-----------------------|-----------------------------------|--------|-------|----------|---------|-----------|-------|-----------|-----------|-----------|------|------------|-----------|
| IT           | EMIZED DISBURSEMENTS  |                       | arate schedule(s) category of the |        |       | k o      | only or | ne)       |       |           |           |           |      |            |           |
|              |   |                       | Summary Page                      |        |       | 21<br>27 |         | 22<br>28a | ×     | 23<br>28b | $\square$ | 24<br>28c |      | 25<br>29   | 26<br>30b |
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| $\backslash$ | NAME OF COMMITTEE (In Full)   |                       |                                   |        |       |          |         | _         | _     |           |           |           |      |            |           |
| $ \rangle$   | Property Casualty Insurers Associa  | ation of              | America Pol                       | itical | A     | cti      | ion (   | Comr      | nitt  | ee (      | PC        | I-P       | AC   | )          |           |
| Δ            | Full Name (Last, First, Middle Initial)   |                       |                                   |        |       |          |         | Date o    | f Die | shure     | men       | ł         |      |            |           |
|              | Michael Grimm for Congress  |                       |                                   |        |       |          |         |           | _     | D         |           |           |      | Y          | Y         |
|              | Mailing Address PO Box 270  |                       |                                   |        |       |          |         | 12        | ĺ     |           | 6         |           |      | 011        |           |
|              | City Staten Island  | State<br>NY           | Zip Code<br>10310                 |        |       |          |         | Trans     | sacti | on ID     | : 8E      | 5869      | FCB  | 8BA9       | 91D04E    |
|              | Purpose of Disbursement   |                       | 10310                             | _      |       |          |         |           |       |           |           |           |      |            |           |
|              | 2012 Primary  |                       |                                   | 0      | 11    |          |         | Amoun     | t of  | Each      | Disb      | urse      | ment | t this     | Period    |
|              | Candidate Name  |                       |                                   | Cate   | 0     | ,        |         | <b></b>   |       |           |           |           |      | 100        | 0.00      |
|              | Michael G. Grimm<br>Office Sought: Y House Disburser  | nent For:             | 2012                              | Ť      | ype   |          | _       | <u> </u>  | -     | 7         | _         | 7         |      |            |           |
|              | Senate  |                       |                                   |        |       |          |         |           |       |           |           |           |      |            |           |
|              | President   |                       |                                   |        |       |          |         |           |       |           |           |           |      |            |           |
|              | State: NY District: 13  |                       | _                                 |        |       |          |         |           |       |           |           |           |      |            |           |
| в.           | Full Name (Last, First, Middle Initial)<br>Moore for Congress   |                       |                                   | Date o | f Dis | sburse   | emen    | t         |       |           |           |           |      |            |           |
|              |   |                       |                                   |        |       |          |         | M M       | /     | D         | D         | /         | /  Y | Y          | Y         |
|              | Mailing Address PO Box 16646  |                       |                                   |        |       |          |         | 12        |       | 2         | 21        |           | 2    | 011        |           |
|              | Milwaukee   | State<br>WI           | Zip Code<br>53216                 |        |       |          |         | Trans     | sacti | ion ID    | ) : 0C    | C2A       | 461  | AD0C       | 2602269   |
|              | Purpose of Disbursement<br>2012 Primary   |                       |                                   | C      | )11   |          |         | Amoun     | t of  | Each      | Disb      | urse      | ment | t this     | Period    |
|              | Candidate Name  |                       |                                   | Cate   |       | rv/      |         |           |       |           | . 5.5     |           | 2.1  |            |           |
|              | Gwendolynne Moore   |                       |                                   |        | ype   |          |         | <u> </u>  |       | 7         |           | 7         |      | 200        | 0.00      |
|              |   | nent For:             |                                   |        |       |          |         |           |       |           |           |           |      |            |           |
|              |   | Primary<br>Other (spe | General                           |        |       |          |         |           |       |           |           |           |      |            |           |
|              | State: WI District: 04  | Culor (opc            | (only)                            |        |       |          |         |           |       |           |           |           |      |            |           |
| _            | Full Name (Last, First, Middle Initial)   | _                     |                                   |        |       |          |         |           |       |           |           |           |      |            |           |
| C.           | Neugebauer Congressional Comm   | ittee                 |                                   |        |       |          |         | Date o    |       |           |           |           |      |            |           |
|              | Mailing Address PO Box 54175  |                       |                                   |        |       |          |         | 12        | /     | 3         | 0         |           |      | 011<br>011 | Y         |
|              | City  | State                 | Zip Code                          |        |       |          | -       | Trans     | sacti | ion ID    | ) : D1    | CE9       | 5361 | 1767       | F8976F    |
|              | Lubbock<br>Purpose of Disbursement  | ТХ                    | 79453                             |        |       |          |         |           |       |           |           |           |      |            |           |
|              | 2012 General  | 11                    |                                   |        | Amoun | t of     | Each    | Disb      | urse  | ment      | t this    | Period    |      |            |           |
|              | Candidate Name  |                       |                                   | Cate   | ego   | ry/      | 1.      |           |       |           |           |           |      |            |           |
|              | Robert Randolph Neugebauer  |                       |                                   |        | ype   |          |         |           |       | 7         | _         | 7         |      | -200       | 5.00      |
|              |   | nent For:<br>Primary  | 2012<br>X General                 |        |       |          |         |           |       |           |           |           |      |            |           |
|              | President   | Other (spe            |                                   |        |       |          |         |           |       |           |           |           |      |            |           |
| _            | State: TX District: 19  |                       |                                   |        |       |          |         |           |       |           |           |           |      |            |           |
| s            | UBTOTAL of Disbursements This Page (optional)   |                       |                                   |        |       |          | _       |           | 1000  | ).00      |           |           |      |            |           |
| F            |   |                       |                                   |        |       |          | -       | ÷         | ÷     | ,         |           | - 7       | ÷    |            |           |
| т            | OTAL This Period (last page this line number only)  |                       |                                   |        | ••••• | •        | •       | <u> </u>  |       | 7         | _         | 7         |      |            |           |

| S                     | CHEDULE B (FEC Form 3X)  |                        |                                   |       |     |           | NU  | MBER            |       |           |                | PAG       | E 7               | 1 OF             | 74        |
|-----------------------|--|------------------------|-----------------------------------|-------|-----|-----------|-----|-----------------|-------|-----------|----------------|-----------|-------------------|------------------|-----------|
|                       | EMIZED DISBURSEMENTS   |                        | parate schedule(s)                |       | -   | k only    | -   |                 | •     | _         |                |           | · <u> </u>        |                  |           |
|                       |  |                        | a category of the<br>Summary Page |       |     | 21b<br>27 |     | 22<br>28a       | ×     | 23<br>28b |                | 24<br>28c |                   | 25<br>29         | 26<br>30b |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)  |                        |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       | Property Casualty Insurers Associa   | ation of               | America Pol                       | itica | I A | ctio      | n C | Comr            | nitt  | ee (      | (PC            | -PA       | (C)               |                  |           |
| Α.                    | Full Name (Last, First, Middle Initial)<br>Prairieland Pac   |                        |                                   |       |     |           |     | Date o          | f Dis | sburse    | ement          |           |                   |                  |           |
|                       | Mailing Address 228 S Washington St Ste 115  |                        |                                   |       |     |           |     | м м<br>12       | 1     | D<br>1    | 6              | Y         | y<br>201          | Y Y<br>1         |           |
|                       | ,  | State                  | Zip Code                          |       |     |           |     | Trans           | sacti | ion ID    | ) · 560        | A6F9      | 0161B             | 39A42            | 86F7      |
|                       | Alexandria<br>Purpose of Disbursement  | VA                     | 22314                             |       |     |           |     | mana            | acti  |           |                |           | ,1012             | JJA42            |           |
|                       | 2011 Contribution  |                        |                                   | (     | )11 |           |     | Amoun           | t of  | Each      | Disb           | ursem     | ient tł           | his Pe           | eriod     |
|                       | Candidate Name   |                        |                                   | Cat   |     |           |     |                 |       |           |                |           | 1                 | 0.000            | 0         |
|                       | Prairieland Pac<br>Office Sought: House Disburse   | ment For:              | 2011                              | Т     | ype |           |     |                 | -     | 7         |                | 7         | _                 |                  |           |
|                       | Senate President   |                        |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       | State: District:   |                        |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       | Full Name (Last, First, Middle Initial)  |                        |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
| В.                    | Price for Congress   |                        |                                   |       |     |           |     | Date o          | f Dis | sburse    | ement          |           |                   |                  |           |
|                       | Mailing Address PO Box 425   |                        |                                   |       |     |           |     | <sup>M</sup> 12 | /     | 2         | 21             | Y         | y<br>201          | Y Y<br>1         |           |
|                       | City<br>Roswell  | State<br>GA            | Zip Code<br>30077                 |       |     |           |     | Trans           | sacti | ion ID    | <b>D</b> : 671 | DE50      | )FEE <sup>,</sup> | 1E7F2            | CC31      |
|                       | Purpose of Disbursement<br>2012 Primary  |                        |                                   | (     | 011 |           |     | Amoun           | t of  | Each      | Disb           | ursem     | ient tł           | his Pe           | riod      |
|                       | Candidate Name   |                        |                                   | Cat   | ego | ry/       |     |                 |       |           |                |           | 1                 | 1000.0           | 0         |
|                       | Thomas E. Price M.D.   | mant Far               |                                   | Т     | ype |           |     | _               |       | 7         | _              | 7         |                   | 1000.0           |           |
|                       |  | ment For:<br>' Primary | 2012<br>General                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       | President  | Other (spe             |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
| _                     | State: GA District: 06   |                        |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
| C.                    | Full Name (Last, First, Middle Initial)<br>Republican National Committee                               |                        |                                   |       |     |           |     | Date o          |       |           |                |           |                   |                  | _         |
|                       | Mailing Address 310 First Street SE  |                        |                                   |       |     |           |     | <sup>M</sup> 12 | /     | C         | )9             | Y         | 201               | Y Y<br>1         |           |
|                       | City<br>Washington   | State<br>DC            | Zip Code<br>20003                 |       |     |           |     | Trans           | sacti | ion ID    | ) : A2         | BDAF      | 7000              | C5ED1            | 57937     |
|                       | Purpose of Disbursement<br>2011 Contribution   |                        | )11                               |       |     | A         |     | <b>F</b> aab    | Diek  |           |                |           | ut a al           |                  |           |
|                       | Candidate Name   |                        |                                   | Cat   | ego |           |     | Amoun           | tor   | Each      | DISD           | ursem     |                   | nis Pe<br>7500.0 |           |
|                       | Republican National Committee           Office Sought:         House         Disburse                  | ment For:              |                                   | Т     | ype |           |     |                 |       | 7         | _              | 7         |                   |                  |           |
|                       | Senate   | Primary                | 2011 General                      |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       | President  | Other (spe             |                                   |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       | State: District:   |                        | Contribution                      |       |     |           |     |                 |       |           |                |           |                   |                  |           |
|                       |  |                        |                                   |       |     |           |     |                 | 1     |           |                |           | _                 | 500.0            | 0         |
| s                     | UBTOTAL of Disbursements This Page (optional)  |                        |                                   |       |     | • 🕨       |     |                 | -     | 7         |                | 7         | 9                 | 500.0            | U         |
| т                     | OTAL This Period (last page this line number only  | )                      |                                   |       |     | •         |     | L.              | -     | 7         |                | -         |                   | -                |           |

| S                      | CHEDULE B (FEC Form 3X)  |                                    | F                                    | OR         |          | NUME                                    | BER:                                    | : PAGE 72 OF 74 |                      |                                      |      |           |        |          |           |  |  |  |  |
|------------------------|--|------------------------------------|--------------------------------------|------------|----------|---|---|-----------------|----------------------|--------------------------------------|------|-----------|--------|----------|-----------|--|--|--|--|
| ITEMIZED DISBURSEMENTS |  |                                    | erate schedule(s)<br>category of the | - I -      |          | k only                                  | y one)                                  |                 |                      |                                      |      |           |        | 1.67     |           |  |  |  |  |
|                        |  |                                    | Summary Page                         |            |          | 21b<br>27                               | 2                                       | 2<br>8a         | ×                    | 23<br>28b                            |      | 24<br>28c |        | 25<br>29 | 26<br>30b |  |  |  |  |
|                        | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nam |                                    |                                      |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
| $\left  \right $       | NAME OF COMMITTEE (In Full)  |                                    |                                      |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Property Casualty Insurers Associa   | ation of                           | America Pol                          | itica      | ΙA       | ction                                   | Со                                      | mm              | nitt                 | ee (                                 | (PC  | CI-P/     | AC)    | )        |           |  |  |  |  |
| _                      | Full Name (Last, First, Middle Initial)  |                                    |                                      |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
| А.                     | Rogers for Congress  |                                    | Date of Disbursement                 |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Mailing Address PO Box 581   |                                    | 12 08 2011                           |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | City Stighton  | State<br>MI                        | Transaction ID : 4C1B95C5293897D7719 |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Purpose of Disbursement<br>2012 Primary  |                                    |                                      | C          | )11      |   | Amount of Each Disbursement this Period |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Candidate Name   |                                    |                                      | Cat        | 000      | n/                                      |   |                 |                      |                                      |      |           | -      |          |           |  |  |  |  |
|                        | Mike Rogers  |                                    |                                      |            | ype      |   |   |                 |                      | 7                                    |      |           |        | -2000    | 0.00      |  |  |  |  |
|                        | Office Sought: House Disburser<br>Senate President   | 2012<br>General                    |                                      |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | State: MI District: 08   |                                    | , <b>,</b>                           |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
| в.                     | Full Name (Last, First, Middle Initial)<br>South Dakota First  |                                    |                                      |            |          |   |   |                 | Date of Disbursement |                                      |      |           |        |          |           |  |  |  |  |
|                        | Mailing Address PO Box 155   |                                    |                                      |            |          |   |   |                 |                      | 12 / D D / Y Y Y Y<br>12 21 2011     |      |           |        |          |           |  |  |  |  |
|                        | 5  | State<br>SD                        | Zip Code                             |            |          |   | Transaction ID : 47F9FF2FE5D0B15DA90    |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Sioux Falls<br>Purpose of Disbursement<br>2011 Contribution  | 30                                 | 57101                                |            | 111      |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Candidate Name   |                                    | 1.00                                 | 011        |          | Amount of Each Disbursement this Period |   |                 |                      |                                      |      |           |        | renou    |           |  |  |  |  |
|                        | South Dakota First   |                                    | Cate                                 | ego<br>ype |          |   |   |                 |                      | _                                    |      |           | 1000   | 0.00     |           |  |  |  |  |
|                        |  | nent For:<br>Primary<br>Other (spe |                                      |            |          |   | ,                                       |                 | ,                    |                                      |      |           |        |          |           |  |  |  |  |
|                        | State: District:   |                                    | Contribution                         |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
| с.                     | Full Name (Last, First, Middle Initial)<br>Terri Sewell for Congress                                   |                                    |                                      |            |          |   | Dat                                     | te of           | Dis                  | burse                                | eme  | ent       |        |          |           |  |  |  |  |
|                        | Mailing Address PO Box 1964  |                                    |                                      |            |          |   |   |                 |                      | 12 / D D / Y Y Y Y Y<br>12 21 2011   |      |           |        |          |           |  |  |  |  |
|                        |  | State Zip Code<br>AL 35201         |                                      |            |          |   |   |                 |                      | Transaction ID : 3DC0A74822787CEA4F9 |      |           |        |          |           |  |  |  |  |
|                        | Birmingham<br>Purpose of Disbursement<br>2012 Primary  |                                    |                                      |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
|                        | Candidate Name   |                                    | )11                                  |            | Am       | ount                                    | of                                      | Each            | Dis                  | sburser                              | nent | this      | Period |          |           |  |  |  |  |
|                        | Terri A. Sewell  | Catedory/                          |                                      |            |          |   |   |                 |                      | 1000.00                              |      |           |        |          |           |  |  |  |  |
|                        |  | ment For:<br>Primary<br>Other (spe | General                              |            | <u> </u> |   |   |                 |                      | 7                                    |      |           |        |          |           |  |  |  |  |
| _                      | State: AL District: 07   |                                    |                                      |            |          |   |   |                 |                      |                                      |      |           |        |          |           |  |  |  |  |
| ⊢                      | UBTOTAL of Disbursements This Page (optional)  |                                    |                                      |            |          |   |   |                 |                      | 3                                    |      | -7        |        | C        | .00       |  |  |  |  |
| L '                    | OTAL This Period (last page this line number only)   | ,                                  |                                      |            |          | • 🕨                                     |   | 1               | -                    | 7                                    | _    | - 7 -     | 1      |          |           |  |  |  |  |

| SCHE          | EDULE B (FEC Form 3X)  |  | F           | י אר           |   |                                      |       |                      |   | PAGE    | 73 (      | )F 74                 |  |  |  |  |  |  |
|---------------|--|--|-------------|----------------|---|--------------------------------------|-------|----------------------|---|---------|-----------|-----------------------|--|--|--|--|--|--|
|               | ZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the   |             |                | c only o                                | ( one)                               |       |                      |   |         |           |                       |  |  |  |  |  |  |
|               |  | Detailed Summary Page                                  |             | $\mid\mid\mid$ | 21b<br>27                               | 22<br>                               | ×     | 23<br>28b            |   | 4<br>8c | 25<br>29  | 26<br>30b             |  |  |  |  |  |  |
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|               | IE OF COMMITTEE (In Full)  |  |             | _              |   | -                                    | • • • |                      |   |         |           |                       |  |  |  |  |  |  |
| / Pro         | operty Casualty Insurers Associa   | ition of America Po                                    | litical     | Ac             | ction                                   | Comr                                 | nitt  | ee (                 | PCI                                     | PAC     | C)        |                       |  |  |  |  |  |  |
| Full          | Name (Last, First, Middle Initial)   |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| <b>A</b> . To | m Rooney for Congress  |  |             |                |   | Date of Disbursement                 |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Mail          | ing Address 2336 S. East Ocean Blvd. #313  |  | 12 21 2011  |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| City          |  | State Zip Code   |             |                |   | Transaction ID : 0FAA3C5E7D258C2E9C7 |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Stua<br>Purr  | nt<br>nose of Disbursement   | FL 34996   |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
|               | 2 Primary  |  | 0           | 11             |   | Amoun                                | t of  | Each                 | Disbu                                   | rsemer  | nt this I | his Period<br>2000.00 |  |  |  |  |  |  |
|               | didate Name  |  | Cate        | egor           | y/                                      |                                      |       |                      |   |         | 2000      |                       |  |  |  |  |  |  |
|               | omas Joseph Rooney   | ant Fam. 2010  | Ту          | ype            |   |                                      | -     | 7                    | -                                       | 7       | 2000      | .00                   |  |  |  |  |  |  |
|               | Senate Yresident   | nent For: 2012<br>Primary General<br>Other (specify) ▼ |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| State         |  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| B.            | Name (Last, First, Middle Initial)   |  |             |                |   | Date o                               | f Dis | burse                | ment                                    |         |           |                       |  |  |  |  |  |  |
|               |  |  |             |                |   |                                      |       |                      | M M / D D / Y Y Y Y Y                   |         |           |                       |  |  |  |  |  |  |
| Mail          | ing Address  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| City          | City State Zip Code  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Purp          | Purpose of Disbursement  |  |             |                |   |                                      |       |                      | Amount of Each Disbursement this Period |         |           |                       |  |  |  |  |  |  |
| Can           | didate Name  | Cate   |             |                | Amount of Each Disbursement this Fellou |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
|               |  |  | y/          |                |   | ,                                    | ,     |                      |   |         |           |                       |  |  |  |  |  |  |
| Offic         |  | nent For:<br>Primary General<br>Other (specify) ▼      |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| State         |  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Full<br>C.    | Full Name (Last, First, Middle Initial)  |  |             |                |   |                                      |       | Date of Disbursement |   |         |           |                       |  |  |  |  |  |  |
| Mail          | ing Address  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| City          | City State Zip Code  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Purp          | Purpose of Disbursement  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Can           | didate Name  | Cate<br>Ty   | egor<br>ype | y/             | Amount of Each Disbursement this Pe     |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| Offic         |  | nent For:<br>Primary General<br>Other (specify) ▼      |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
| State         |  |  |             |                |   |                                      |       |                      |   |         |           |                       |  |  |  |  |  |  |
|               | OTAL of Disbursements This Page (optional)   |  |             |                |   |                                      | _     | 7                    | -                                       | 7       | 2000      |                       |  |  |  |  |  |  |
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|------------------------|--|-------------------------------------|--------------------|--------|------|-----------|-------|---------------------------------|---|---|--------------|-----------|------|----------|-----------|--|--|--|
| ITEMIZED DISBURSEMENTS |  | Use sepa<br>for each                |                    |        | k on | y o       | one)  |                                 |   |   |              |           |      |          |           |  |  |  |
|                        |  |                                     | Summary Page       |        | -    | 21b<br>27 | ┝     | 22<br>28a                       | $\vdash$                                | 23<br>28b   | $\mathbb{H}$ | 24<br>28c |      | 25<br>29 | 26<br>30b |  |  |  |
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| $\backslash$           | NAME OF COMMITTEE (In Full)  |                                     |                    |        |      |           |       | <b>•</b>                        |   |   | ( <b>D C</b> |           |      |          |           |  |  |  |
|                        | Property Casualty Insurers Associa   | ation of A                          | America Poli       | itical | IA   | CTIC      | n     | Com                             | miti                                    | tee (   | PC           | I-P/      | 4C)  |          |           |  |  |  |
| ^                      | Full Name (Last, First, Middle Initial)  |                                     |                    |        |      | Date of   | of Di | oburo                           | mon                                     |   |              |           |      |          |           |  |  |  |
| А.                     | Batchelder for Representative Com  |                                     |                    |        |      |           |       |                                 |   | D   |              | / Y       | Y    | Y        | Y         |  |  |  |
|                        | Mailing Address Amy Kerschner<br>20 S Front Street 2nd Floor   |                                     |                    |        |      |           |       |                                 |   | 12         21         2011           Transaction ID : 88E6B4DBEA23916AFE9 |              |           |      |          |           |  |  |  |
|                        | 5  | State<br>OH                         |                    |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | Purpose of Disbursement<br>Nonfederal Contribution   |                                     | 011                |        |      |           |       |                                 | Amount of Each Disbursement this Period |   |              |           |      |          |           |  |  |  |
|                        | Candidate Name   |                                     |                    | Cate   | _    | rv/       |       | Anioui                          |   | Lach  | 0150         |           |      |          |           |  |  |  |
|                        |  |                                     |                    |        | ype  | ,         |       |                                 |   | 7   |              | 7         | _    | 500      | .00       |  |  |  |
|                        |  | nent For:<br>Primary<br>Other (spec | General<br>cify) ▼ |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | State: District:   |                                     | •                  |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
| B.                     | Full Name (Last, First, Middle Initial)  |                                     |                    |        |      |           |       | Date of                         | of Di                                   | sburse  | emen         |           |      |          |           |  |  |  |
|                        |  |                                     |                    |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | Mailing Address  |                                     |                    |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | City   | State                               | Zip Code           |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | Purpose of Disbursement  | Amount of F                         |                    |        |      |           |       | Each Disbursement this Period   |   |   |              |           |      |          |           |  |  |  |
|                        | Candidate Name   |                                     | Category/          |        |      |           |       |                                 |   | Luon  |              |           |      |          |           |  |  |  |
|                        | Office Sought: House Disburger   | ant Far                             |                    |        | ype  | -         |       | <u> </u>                        | -                                       | 7   |              | 7         | _    |          |           |  |  |  |
|                        |  | Primary<br>Other (spec              | General            |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | State: District:   |                                     |                    |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
| C.                     | Full Name (Last, First, Middle Initial)  |                                     |                    |        |      |           |       | Date o                          | of Di                                   |   |              |           |      |          |           |  |  |  |
|                        | Mailing Address  |                                     |                    |        |      |           |       |                                 |   |   | Y            |           |      |          |           |  |  |  |
|                        | City State Zip Code  |                                     |                    |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | Purpose of Disbursement  |                                     |                    |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | Candidate Name   | Category/<br>Type                   |                    |        |      |           |       | Amount of Each Disbursement thi |   |   |              |           |      |          | 3 Period  |  |  |  |
|                        | President  | nent For:<br>Primary<br>Other (spec | General<br>cify) ▼ |        |      |           |       |                                 |   |   |              |           |      |          |           |  |  |  |
|                        | State: District:   |                                     |                    |        |      |           |       |                                 | _                                       |   |              | _         |      | _        |           |  |  |  |
| s                      | UBTOTAL of Disbursements This Page (optional)  |                                     |                    |        |      | •         |       | L                               |   | ,   |              | 3         |      | 500      | .00       |  |  |  |
| т                      | OTAL This Period (last page this line number only)   |                                     |                    |        |      | •         |       | L                               |   | 7   |              | ,         |      | 500      | .00       |  |  |  |