

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

ADDRESS (number and street) 6000 American Parkway
 Check if different than previously reported. (ACC)
Madison WI 53783

2. **FEC IDENTIFICATION NUMBER** C00354290
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 06 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Heidi Krumenauer

Signature of Treasurer Electronically Filed by Heidi Krumenauer Date 07 18 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		23078.33
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	18251.40									
(c) Total Receipts (from Line 19)	4359.18	26912.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22610.58	49990.58								
7. Total Disbursements (from Line 31)	5076.92	32456.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17533.66	17533.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1371.34	4263.87
(i) Itemized (use Schedule A)	2987.84	22648.38
(ii) Unitemized	4359.18	26912.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4359.18	26912.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4359.18	26912.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4359.18	26912.25

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	31850.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	576.92	606.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	576.92	606.92
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5076.92	32456.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5076.92	32456.92

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	4359.18	26912.25
34. Total Contribution Refunds (from Line 28(d))	576.92	606.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3782.26	26305.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Mark V Afile		Date of Receipt
	Mailing Address 1826 Carrington Drive		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sun Prairie	WI	53590-3544
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Family Insurance Group		Occupation Claim VP	Transaction ID: 108 20080613MVA001
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.37"/>	<input type="text" value="25.54"/>

B.	Full Name (Last, First, Middle Initial) Mark V Afile		Date of Receipt
	Mailing Address 1826 Carrington Drive		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sun Prairie	WI	53590-3544
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Family Insurance Group		Occupation Claim VP	Transaction ID: 108 20080627MVA001
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.37"/>	<input type="text" value="25.54"/>

C.	Full Name (Last, First, Middle Initial) David R Anderson		Date of Receipt
	Mailing Address 2525 Middleton Beach Road		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Middleton	WI	53562-2912
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Family Insurance Group		Occupation Chairman Chief Exec	Transaction ID: 108 20080613DRA002
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="81.08"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
David R Anderson

Mailing Address 2525 Middleton Beach Road

City Middleton State WI Zip Code 53562-2912

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

Name of Employer American Family Insurance Group
Occupation Chairman Chief Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 27 / 2008
Transaction ID: 108 20080627DRA002
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Thomas J Anfonson

Mailing Address 339 Bluff Road

City Carver State MN Zip Code 55315-9511

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 13 / 2008
Transaction ID: 108 20080613TJA101
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Thomas J Anfonson

Mailing Address 339 Bluff Road

City Carver State MN Zip Code 55315-9511

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 27 / 2008
Transaction ID: 108 20080627TJA101
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Lisa R Bacus

Mailing Address 1005 Shannon Court

City Northville State MI Zip Code 48167-1074

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

Name of Employer American Family Insurance Group
Occupation Marketing VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 669.24

Date of Receipt 06 / 27 / 2008
Transaction ID: 108 20080627LRB023

Amount of Each Receipt this Period 23.08

B.

Full Name (Last, First, Middle Initial)
Gerry W Benusa

Mailing Address 1227 Bongard Drive

City Waunakee State WI Zip Code 53597-2657

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

Name of Employer American Family Insurance Group
Occupation Commercial F/R VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2008
Transaction ID: 108 20080613GWB101

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Gerry W Benusa

Mailing Address 1227 Bongard Drive

City Waunakee State WI Zip Code 53597-2657

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

Name of Employer American Family Insurance Group
Occupation Commercial F/R VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 27 / 2008
Transaction ID: 108 20080627GWB101

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 73.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
M. Jeff Bosco

Mailing Address 5691 Ashbourne Lane

City State Zip Code
Fitchburg WI 53711-6966

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

Name of Employer American Family Insurance Group
Occupation Life/Health VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
543.07

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: 108 20080613MJB102

Amount of Each Receipt this Period
45.69

B.

Full Name (Last, First, Middle Initial)
M. Jeff Bosco

Mailing Address 5691 Ashbourne Lane

City State Zip Code
Fitchburg WI 53711-6966

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

Name of Employer American Family Insurance Group
Occupation Life/Health VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
543.07

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2008

Transaction ID: 108 20080627MJB102

Amount of Each Receipt this Period
45.69

C.

Full Name (Last, First, Middle Initial)
Michael R Duran

Mailing Address 46558 Silver Fir Street

City State Zip Code
Parker CO 80138-4484

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

Name of Employer American Family Insurance Group
Occupation Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
514.18

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: 108 20080613MGD101

Amount of Each Receipt this Period
43.08

SUBTOTAL of Receipts This Page (optional) ► **134.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial) Michael R Duran		Date of Receipt MM / DD / YYYY 06 / 27 / 2008
Mailing Address 46558 Silver Fir Street		Transaction ID: 108 20080627MGD101
City Parker	State CO	
Zip Code 80138-4484		Amount of Each Receipt this Period 43.08
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Sales VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 514.18	

B.

Full Name (Last, First, Middle Initial) James F Eldridge		Date of Receipt MM / DD / YYYY 06 / 13 / 2008
Mailing Address 1830 Cobblestone Court		Transaction ID: 108 20080613JFE001
City Sun Prairie	State WI	
Zip Code 53590-3520		Amount of Each Receipt this Period 36.92
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Chief Legal Ofcr/Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.50	

C.

Full Name (Last, First, Middle Initial) James F Eldridge		Date of Receipt MM / DD / YYYY 06 / 27 / 2008
Mailing Address 1830 Cobblestone Court		Transaction ID: 108 20080627JFE001
City Sun Prairie	State WI	
Zip Code 53590-3520		Amount of Each Receipt this Period 36.92
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Chief Legal Ofcr/Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.50	

SUBTOTAL of Receipts This Page (optional)	116.92
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Richard A Fetherston		Date of Receipt
	Mailing Address 2014 Range Trail		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Verona	WI	53593-9361
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Family Insurance Group		Occupation Public Relations VP	Transaction ID: 108 20080613RAF004
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="236.46"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Richard A Fetherston		Date of Receipt
	Mailing Address 2014 Range Trail		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Verona	WI	53593-9361
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Family Insurance Group		Occupation Public Relations VP	Transaction ID: 108 20080627RAF004
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="236.46"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Carolyn S Gilb		Date of Receipt
	Mailing Address 429 Ramsey Avenue		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Carver	MN	55315-9519
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Family Insurance Group		Occupation Sales VP	Transaction ID: 108 20080613CSG006
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Carolyn S Gilb	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 429 Ramsey Avenue	Transaction ID: 108 20080627CSG006
	City State Zip Code Carver MN 55315-9519	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

B.	Full Name (Last, First, Middle Initial) Bradley J Gleason	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 3727 Nelson Lane	Transaction ID: 108 20080613BJG002
	City State Zip Code Deerfield WI 53531-9707	Amount of Each Receipt this Period 28.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Exec VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.11

C.	Full Name (Last, First, Middle Initial) Bradley J Gleason	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 3727 Nelson Lane	Transaction ID: 108 20080627BJG002
	City State Zip Code Deerfield WI 53531-9707	Amount of Each Receipt this Period 28.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Exec VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.11

SUBTOTAL of Receipts This Page (optional)	▶	107.24
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Kari E Grasee		Date of Receipt
	Mailing Address 1218 Lawton Lane		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waunakee	WI	53597-2642
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080613KEG007
Name of Employer American Family Insurance Group		Occupation Controller VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="240.00"/>	

B.	Full Name (Last, First, Middle Initial) Kari E Grasee		Date of Receipt
	Mailing Address 1218 Lawton Lane		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waunakee	WI	53597-2642
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080627KEG007
Name of Employer American Family Insurance Group		Occupation Controller VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="240.00"/>	

C.	Full Name (Last, First, Middle Initial) Annette S Knapstein		Date of Receipt
	Mailing Address 1528 Red Oak Court		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Middleton	WI	53562-3631
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080613ASK001
Name of Employer American Family Insurance Group		Occupation Ofc Administration VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.67"/>
		<input type="text" value="229.12"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.67"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Annette S Knapstein
Mailing Address 1528 Red Oak Court
City Middleton State WI Zip Code 53562-3631
FEC ID number of contributing federal political committee. **C**
Name of Employer American Family Insurance Group Occupation Ofc Administration VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 229.12
Date of Receipt 06 / 27 / 2008
Transaction ID: 108 20080627ASK001
Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Christopher R Listau
Mailing Address 12800 N Bellflower Court
City Platte City State MO Zip Code 64079-7808
FEC ID number of contributing federal political committee. **C**
Name of Employer American Family Insurance Group Occupation Sales VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 436.43
Date of Receipt 06 / 13 / 2008
Transaction ID: 108 20080613CRL009
Amount of Each Receipt this Period 37.08

C. Full Name (Last, First, Middle Initial)
Christopher R Listau
Mailing Address 12800 N Bellflower Court
City Platte City State MO Zip Code 64079-7808
FEC ID number of contributing federal political committee. **C**
Name of Employer American Family Insurance Group Occupation Sales VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 436.43
Date of Receipt 06 / 27 / 2008
Transaction ID: 108 20080627CRL009
Amount of Each Receipt this Period 37.08

SUBTOTAL of Receipts This Page (optional) ► 93.39
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)

Alan E Meyer

Mailing Address 8818 Royal Oaks Drive

City State Zip Code
Verona WI 53593-7954

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

Name of Employer Occupation
American Family Insurance Group Exec VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.81

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 108 20080613ALM101

Amount of Each Receipt this Period

33.62

B.

Full Name (Last, First, Middle Initial)

Alan E Meyer

Mailing Address 8818 Royal Oaks Drive

City State Zip Code
Verona WI 53593-7954

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

Name of Employer Occupation
American Family Insurance Group Exec VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.81

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 108 20080627ALM101

Amount of Each Receipt this Period

33.62

C.

Full Name (Last, First, Middle Initial)

Jerome G Rekowski

Mailing Address 1993 Skyline Drive

City State Zip Code
Stoughton WI 53589-3253

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

Name of Employer Occupation
American Family Insurance Group Exec VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 306.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 108 20080613JGR001

Amount of Each Receipt this Period

25.62

SUBTOTAL of Receipts This Page (optional)

92.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial) Jerome G Rekowski		Date of Receipt MM / DD / YYYY 06 / 27 / 2008
Mailing Address 1993 Skyline Drive		Transaction ID: 108 20080627JGR001
City Stoughton	State WI	Zip Code 53589-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.62
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.28	

B.

Full Name (Last, First, Middle Initial) Susan M Roesler		Date of Receipt MM / DD / YYYY 06 / 13 / 2008
Mailing Address 7908 Wall Street		Transaction ID: 108 20080613SLR043
City Schofield	State WI	Zip Code 54476-5155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Family Insurance Group	Occupation Work Comp. Operatio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Susan M Roesler		Date of Receipt MM / DD / YYYY 06 / 27 / 2008
Mailing Address 7908 Wall Street		Transaction ID: 108 20080627SLR043
City Schofield	State WI	Zip Code 54476-5155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Family Insurance Group	Occupation Work Comp. Operatio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.62
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Jack C Salzwedel

Mailing Address 5570 Surrey Lane

City State Zip Code
Wauwaukee WI 53597-8705

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

Name of Employer American Family Insurance Group
Occupation President and Chf Op Ofr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 611.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 108 20080613JCS102

Amount of Each Receipt this Period
51.92

B. Full Name (Last, First, Middle Initial)
Jack C Salzwedel

Mailing Address 5570 Surrey Lane

City State Zip Code
Wauwaukee WI 53597-8705

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

Name of Employer American Family Insurance Group
Occupation President and Chf Op Ofr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 611.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 108 20080627JCS102

Amount of Each Receipt this Period
51.92

C. Full Name (Last, First, Middle Initial)
Daniel R Schultz

Mailing Address 5211 Tonyawatha Trail

City State Zip Code
Monona WI 53716-2918

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

Name of Employer American Family Insurance Group
Occupation Chief Financial Ofcr/Trsr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 373.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 108 20080613DRS003

Amount of Each Receipt this Period
31.54

SUBTOTAL of Receipts This Page (optional) ► **135.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Daniel R Schultz

Mailing Address 5211 Tonyawatha Trail

City State Zip Code
Monona WI 53716-2918

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

Name of Employer American Family Insurance Group
Occupation Chief Financial Ofcr/Trsr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 373.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 108 20080627DRS003

Amount of Each Receipt this Period
31.54

B.

Full Name (Last, First, Middle Initial)
Christopher S Spencer

Mailing Address 139 Lakewood Boulevard

City State Zip Code
Madison WI 53704-5913

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

Name of Employer American Family Insurance Group
Occupation Legal VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 108 20080613CSS002

Amount of Each Receipt this Period
18.85

C.

Full Name (Last, First, Middle Initial)
Christopher S Spencer

Mailing Address 139 Lakewood Boulevard

City State Zip Code
Madison WI 53704-5913

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

Name of Employer American Family Insurance Group
Occupation Legal VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 108 20080627CSS002

Amount of Each Receipt this Period
18.85

SUBTOTAL of Receipts This Page (optional) ▶ **69.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Richard M Steffen		Date of Receipt
	Mailing Address 1305 Lawton Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	Waunakee	WI	53597-2643
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080613RMS010
Name of Employer American Family Insurance Group		Occupation Sales VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Richard M Steffen		Date of Receipt
	Mailing Address 1305 Lawton Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 27 / 2008
	City	State	Zip Code
	Waunakee	WI	53597-2643
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080627RMS010
Name of Employer American Family Insurance Group		Occupation Sales VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) John W Thedinga		Date of Receipt
	Mailing Address 10308 Canyon Valley Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	Las Vegas	NV	89145-8818
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080613JWT103
Name of Employer American Family Insurance Group		Occupation Sales VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 284.25	<input type="text"/> 35.85

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.85
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) John W Thedinga		Date of Receipt
	Mailing Address 10308 Canyon Valley Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 27 / 2008
	City	State	Zip Code
	Las Vegas	NV	89145-8818
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080627JWT103
Name of Employer American Family Insurance Group		Occupation Sales VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 284.25	<input type="text"/> 35.85

B.	Full Name (Last, First, Middle Initial) William B Westrate		Date of Receipt
	Mailing Address 899 Chalfont Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 27 / 2008
	City	State	Zip Code
	Sun Prairie	WI	53590-3524
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080627WBW002
Name of Employer American Family Insurance Group		Occupation Actuarial VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	<input type="text"/> 18.00

C.	Full Name (Last, First, Middle Initial) Joseph J Zwettler		Date of Receipt
	Mailing Address 906 Sunset Bay		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	Wauunakee	WI	53597-2801
	FEC ID number of contributing federal political committee. C		Transaction ID: 108 20080613JJZ001
Name of Employer American Family Insurance Group		Occupation Personal Lines VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.95	<input type="text"/> 20.85

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 74.70
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 24	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial) Joseph J Zwettler		Date of Receipt	
Mailing Address 906 Sunset Bay		M M / D D / Y Y Y Y 06 / 27 / 2008	
City	State	Zip Code	Transaction ID: 108 20080627JJZ001
Waunakee	WI	53597-2801	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.85	
Name of Employer American Family Insurance Group		Occupation Personal Lines VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.95	

SUBTOTAL of Receipts This Page (optional)	20.85
TOTAL This Period (last page this line number only)	1371.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

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

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NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee <hr/> Mailing Address PO Box 703 <hr/> City Geneva State IL Zip Code 60134 <hr/> Purpose of Disbursement 2008 General Candidate Name Bill Foster <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14	Transaction ID: 8125660806125738950 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Collins for Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement 2008 General Candidate Name Susan Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 7176880806125768800 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Roy Blunt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 07	Transaction ID: 9359790806125716920 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

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

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NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Paul Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2298480806265158438 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Schock for Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement 2008 General Candidate Name Aaron Schock <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8790740806125787463 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 24

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

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NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)

Lisa Bacus

Mailing Address 1005 Shannon Court

City Northville State MI Zip Code 48167-1074

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 7277140807156009951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)