

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Property Casualty Insurers Association of America Political Action Committee (PCIPAC)

ADDRESS (number and street) 8700 West Bryn Mawr Suite 1200S Chicago IL 60631-3512

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00066472

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 01 2013 through 09 30 2013

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

Type or Print Name of Treasurer June T. Holmes

Signature of Treasurer June T. Holmes [Electronically Filed] Date 10 16 2013

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="70560.30"/>	<input type="text" value="70560.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="133806.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="27837.31"/>	<input type="text" value="397771.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="161643.93"/>	<input type="text" value="468331.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43179.41"/>	<input type="text" value="349867.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="118464.52"/>	<input type="text" value="118464.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18756.50	276475.75
(ii) Unitemized .....	3901.40	59302.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22657.90	335778.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	59250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	27657.90	395028.07
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).....	179.41	2743.20
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 Transfers (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))..... ▶	27837.31	397771.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27837.31	397771.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	179.41	2743.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	179.41	2743.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	332100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	15023.85
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	43179.41	349867.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43179.41	349867.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	27657.90	395028.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27657.90	395028.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	179.41	2743.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	179.41	2743.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Kristina Baldwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 S Swan St  
 Ste 400  
 City Albany State NY Zip Code 12210-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-1**  
 Amount of Each Receipt this Period  
 30.00

**B. Kristina Baldwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 S Swan St  
 Ste 400  
 City Albany State NY Zip Code 12210-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-1**  
 Amount of Each Receipt this Period  
 30.00

**C. Paul C. Blume**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8700 W Bryn Mawr Ave  
 Ste 1200S  
 City Chicago State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCI Occupation Senior Vice President, State Governmen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-4**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Paul C. Blume**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8700 W Bryn Mawr Ave  
 Ste 1200S  
 City Chicago State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PCI Occupation Senior Vice President, State Governmen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-4**  
 Amount of Each Receipt this Period  
 75.00

**B. D. Kenton Brine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Water St SW  
 Apt 2  
 City Olympia State WA Zip Code 98501-2295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, State Govern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-6**  
 Amount of Each Receipt this Period  
 50.00

**C. D. Kenton Brine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Water St SW  
 Apt 2  
 City Olympia State WA Zip Code 98501-2295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, State Govern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-6**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)  
**A. Stephen Broadie**

Mailing Address 8700 W Bryn Mawr Ave  
 Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Financial Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2013**

**Transaction ID : 20130913114316-7**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Stephen Broadie**

Mailing Address 8700 W Bryn Mawr Ave  
 Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Financial Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2013**

**Transaction ID : 20130927111417-7**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. G. Donovan Brown**

Mailing Address 3602 Donegal Dr

City Tallahassee State FL Zip Code 32309-3267

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

Name of Employer Property Casualty Insurers Association Occupation Counsel, State Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2013**

**Transaction ID : 20130913114316-8**

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: (check only one)	PAGE 9 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. G. Donovan Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3602 Donegal Dr  
 City State Zip Code  
 Tallahassee FL 32309-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Property Casualty Insurers Association Counsel, State Government Relations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-8**  
 Amount of Each Receipt this Period  
 20.00

**B. Jerry W. Brumfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 NW Ashurst Dr  
 City State Zip Code  
 Lees Summit MO 64081-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto Insurance Companies Spec-ASEC, Assoc Gen Cnsl  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : 20130909123108-5**  
 Amount of Each Receipt this Period  
 20.00

**C. Jerry W. Brumfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 NW Ashurst Dr  
 City State Zip Code  
 Lees Summit MO 64081-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto Insurance Companies Spec-ASEC, Assoc Gen Cnsl  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : 20130923103735-5**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 82
	(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

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Leon Buck**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, Federal Gove

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-9**

Amount of Each Receipt this Period  
25.00

**B. Leon Buck**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, Federal Gove

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-9**

Amount of Each Receipt this Period  
25.00

**C. Kristee Ann Buff**  
Full Name (Last, First, Middle Initial)

Mailing Address 1350 E Siler Pkwy

City Springfield State MO Zip Code 65804-2566

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

Name of Employer American National Property and Casualt Occupation Assistant Vice President, Human Resour

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926171624-1**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Pamela A. Burgess</b>		Date of Receipt
Mailing Address 2604 Eton Cross Rd		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Royal Oak	MI	48073-3723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130913175950-3</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Amerisure Companies	Vice President Strategic Process Desig	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="495.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Pamela A. Burgess</b>		Date of Receipt
Mailing Address 2604 Eton Cross Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Royal Oak	MI	48073-3723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130926185207-3</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Amerisure Companies	Vice President Strategic Process Desig	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="495.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Kelly Campbell</b>		Date of Receipt
Mailing Address 1535 Grant St Ste 304		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Denver	CO	80203-1843
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130913114316-10</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Property Casualty Insurers Association	Vice President, State Government Relat	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> 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 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Kelly Campbell</b>		Date of Receipt
Mailing Address 1535 Grant St Ste 304		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Denver	State CO	Zip Code 80203-1843
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130927111417-10</b>
Name of Employer Property Casualty Insurers Association		Amount of Each Receipt this Period
Occupation Vice President, State Government Relat		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Becky S. Chapa</b>		Date of Receipt
Mailing Address 26777 Halsted Rd		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Farmington Hills	State MI	Zip Code 48331-3577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913175950-4</b>
Name of Employer Amerisure Companies		Amount of Each Receipt this Period
Occupation Senior Marketing Underwriter		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Becky S. Chapa</b>		Date of Receipt
Mailing Address 26777 Halsted Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Farmington Hills	State MI	Zip Code 48331-3577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130926185207-4</b>
Name of Employer Amerisure Companies		Amount of Each Receipt this Period
Occupation Senior Marketing Underwriter		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="50.00"/>
<b>TOTAL</b> 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 13 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Gerald K. Chiddick**  
Full Name (Last, First, Middle Initial)

Mailing Address 6743 Fleming Creek Dr

City Ypsilanti State MI Zip Code 48198-8702

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

Name of Employer Amerisure Companies Occupation Vice President of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913175950-5**

Amount of Each Receipt this Period  
50.00

**B. Gerald K. Chiddick**  
Full Name (Last, First, Middle Initial)

Mailing Address 6743 Fleming Creek Dr

City Ypsilanti State MI Zip Code 48198-8702

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

Name of Employer Amerisure Companies Occupation Vice President of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926185207-5**

Amount of Each Receipt this Period  
50.00

**C. Randi Cigelnik**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer PCI Occupation Senior Vice President, Corporate Secre

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-11**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Randi Cigelnik</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : 20130927111417-12</b>
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		Amount of Each Receipt this Period 50.00
City Chicago	State IL Zip Code 60631-3512	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer PCI	Occupation Senior Vice President, Corporate Secre	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Barbara Clark</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 <b>Transaction ID : 000089A449DD421FA63D</b>
Mailing Address 3055 Oak Rd		Amount of Each Receipt this Period 480.00
City Walnut Creek	State CA Zip Code 94597-2098	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer CSAA Insurance Group	Occupation Assistant Vice President of Claims, Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Kevin M. Clement</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 <b>Transaction ID : 20130913175950-7</b>
Mailing Address 2139 Cliffside Dr		Amount of Each Receipt this Period 30.00
City Wixom	State MI Zip Code 48393-1277	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 595.00
Name of Employer Amerisure Companies	Occupation Director, Enterprise Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Kevin M. Clement**  
Full Name (Last, First, Middle Initial)

Mailing Address 2139 Cliffside Dr

City Wixom State MI Zip Code 48393-1277

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

Name of Employer Amerisure Companies Occupation Director, Enterprise Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926185207-7**

Amount of Each Receipt this Period  
**30.00**

**B. Jean Demas**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, Publishing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-12**

Amount of Each Receipt this Period  
**20.00**

**C. Jean Demas**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, Publishing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-13**

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 16 OF 82  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)  
**A. Roy C. Die**

Mailing Address 9025 N Lindbergh Dr

City Peoria State IL Zip Code 61615-1499

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

Name of Employer RLI Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : 2326A979D3A098CEFC**

Amount of Each Receipt this Period  
 240.00

Full Name (Last, First, Middle Initial)  
**B. Michael M. Dieterle**

Mailing Address 47202 White Pines Dr

City Novi State MI Zip Code 48374-3697

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

Name of Employer Amerisure Companies Occupation Vice President, Field Marketing & Unde

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : 20130913175950-12**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Michael M. Dieterle**

Mailing Address 47202 White Pines Dr

City Novi State MI Zip Code 48374-3697

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

Name of Employer Amerisure Companies Occupation Vice President, Field Marketing & Unde

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : 20130926185207-12**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Vincent T. Donnelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 Meadow View Ln  
 City Lansdale State PA Zip Code 19446-5931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PMA Insurance Group Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : 20130913180330-3**  
 Amount of Each Receipt this Period 50.00

**B. Vincent T. Donnelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 Meadow View Ln  
 City Lansdale State PA Zip Code 19446-5931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PMA Insurance Group Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : 20130913180330-15**  
 Amount of Each Receipt this Period 50.00

**C. Vincent T. Donnelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 Meadow View Ln  
 City Lansdale State PA Zip Code 19446-5931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PMA Insurance Group Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : 20130926171453-3**  
 Amount of Each Receipt this Period 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Bridget Driggs</b>		Date of Receipt
Mailing Address 444 N Capitol St NW Ste 801		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 14FE9C2E649740C7A1E5</b>
Name of Employer Property Casualty Insurers Association	Occupation Director, Political Engagement	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="1.00"/>
	<input type="text" value="272.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Bridget Driggs</b>		Date of Receipt
Mailing Address 444 N Capitol St NW Ste 801		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130913114316-13</b>
Name of Employer Property Casualty Insurers Association	Occupation Director, Political Engagement	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="25.00"/>
	<input type="text" value="272.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Bridget Driggs</b>		Date of Receipt
Mailing Address 444 N Capitol St NW Ste 801		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130927111417-14</b>
Name of Employer Property Casualty Insurers Association	Occupation Director, Political Engagement	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="25.00"/>
	<input type="text" value="272.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="51.00"/>
<b>TOTAL</b> 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 19 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Juliet Marie Marie Edens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 State Highway 248  
 City Branson State MO Zip Code 65616-9655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American National Property and Casualty Occupation Claims Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926171624-3**  
 Amount of Each Receipt this Period  
 50.00

**B. Glenn E. Farley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Lansdowne Dr  
 City Westland State MI Zip Code 48185-3493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amerisure Companies Occupation Assistant Vice President - WC Claims,  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-13**  
 Amount of Each Receipt this Period  
 15.00

**C. Glenn E. Farley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Lansdowne Dr  
 City Westland State MI Zip Code 48185-3493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amerisure Companies Occupation Assistant Vice President - WC Claims,  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-13**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Armand Feliciano</b>		Date of Receipt
Mailing Address 1415 L St Ste 670		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Sacramento	State CA	Zip Code 95814-3964
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913114316-16</b>
Name of Employer Property Casualty Insurers Association		Amount of Each Receipt this Period
Occupation Vice President, ACIC		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Armand Feliciano</b>		Date of Receipt
Mailing Address 1415 L St Ste 670		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Sacramento	State CA	Zip Code 95814-3964
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130927111417-17</b>
Name of Employer Property Casualty Insurers Association		Amount of Each Receipt this Period
Occupation Vice President, ACIC		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. William Ferro</b>		Date of Receipt
Mailing Address 14363 Pernell Dr		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Sterling Heights	State MI	Zip Code 48313-5454
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913175950-14</b>
Name of Employer Amerisure Companies		Amount of Each Receipt this Period
Occupation Supervising Attorney		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
<b>TOTAL</b> 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 OF 82  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. William Ferro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14363 Pernell Dr  
City Sterling Heights State MI Zip Code 48313-5454  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Supervising Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : 20130926185207-14**  
Amount of Each Receipt this Period 15.00

**B. Kenneth L. Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4088 Pathfield Dr  
City Columbus State OH Zip Code 43230-6342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Auto Insurance Companies Occupation Sales Development Directr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 06 / 2013  
**Transaction ID : 20130909123108-11**  
Amount of Each Receipt this Period 25.00

**C. Kenneth L. Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4088 Pathfield Dr  
City Columbus State OH Zip Code 43230-6342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Auto Insurance Companies Occupation Sales Development Directr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 20 / 2013  
**Transaction ID : 20130923103735-11**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**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 22 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. L. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5981 Airport Rd  
 City Oriskany State NY Zip Code 13424-3905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Utica First Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : 27B65EB4385D7BA6AC2**  
 Amount of Each Receipt this Period  
 300.00

**B. Mark F. Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29911 Robert Dr  
 City Livonia State MI Zip Code 48150-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amerisure Companies Occupation Vice President Special Risk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-16**  
 Amount of Each Receipt this Period  
 20.00

**C. Mark F. Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29911 Robert Dr  
 City Livonia State MI Zip Code 48150-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amerisure Companies Occupation Vice President Special Risk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-16**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Kurt D. Gallinger</b>		Date of Receipt
Mailing Address 26777 Halsted Rd		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Farmington Hills	MI	48331-3577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130913175950-18</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Amerisure Companies	Vice President & Counsel - Government	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1595.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kurt D. Gallinger</b>		Date of Receipt
Mailing Address 26777 Halsted Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Farmington Hills	MI	48331-3577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130926185207-18</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Amerisure Companies	Vice President & Counsel - Government	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1595.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael F. Gerik</b>		Date of Receipt
Mailing Address PO Box 23650		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76702-3650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130905180206-1</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Texas Farm Bureau Group	Executive Vice President	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1080.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
<b>TOTAL</b> 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 24 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael F. Gerik**

Mailing Address PO Box 23650

City State Zip Code  
 Waco TX 76702-3650

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

Name of Employer Occupation  
 Texas Farm Bureau Group Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1080.00

Date of Receipt  
 09 / 17 / 2013  
**Transaction ID : 20130920190901-1**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Michael F. Gerik**

Mailing Address PO Box 23650

City State Zip Code  
 Waco TX 76702-3650

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

Name of Employer Occupation  
 Texas Farm Bureau Group Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1080.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : 20130930181009-1**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**c. Trey Gillespie**

Mailing Address 1504 San Antonio St

City State Zip Code  
 Austin TX 78701-1613

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

Name of Employer Occupation  
 Property Casualty Insurers Association Senior Director, Workers Compensation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-17**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**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 25 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)  
**A. Trey Gillespie**

Mailing Address 1504 San Antonio St

City Austin State TX Zip Code 78701-1613

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

Name of Employer Property Casualty Insurers Association Occupation Senior Director, Workers Compensation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : 20130927111417-18**

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)  
**B. Robert Gordon**

Mailing Address 444 N Capitol St NW Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Senior Vice President, Policy Developm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : 20130913114316-19**

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)  
**C. Robert Gordon**

Mailing Address 444 N Capitol St NW Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Senior Vice President, Policy Developm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : 20130927111417-20**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Daniel J. Graf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45000 Drocton Ct  
 City State Zip Code  
 Novi MI 48375-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amerisure Companies Vice President, Investments  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-20**  
 Amount of Each Receipt this Period  
 50.00

**B. Daniel J. Graf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45000 Drocton Ct  
 City State Zip Code  
 Novi MI 48375-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amerisure Companies Vice President, Investments  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-20**  
 Amount of Each Receipt this Period  
 50.00

**C. Kelly T. Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39114 Augusta Ave  
 City State Zip Code  
 Sterling Heights MI 48313-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amerisure Companies Assistant Vice President - Premium Aud  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-21**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Kelly T. Graham</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2013 <b>Transaction ID : 20130926185207-21</b>
Mailing Address 39114 Augusta Ave		Amount of Each Receipt this Period 450.00
City Sterling Heights	State MI	Zip Code 48313-5502
FEC ID number of contributing federal political committee.	C	
Name of Employer Amerisure Companies	Occupation Assistant Vice President - Premium Aud	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Gray</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : 20130913114316-20</b>
Mailing Address 444 N Capitol St NW Ste 801		Amount of Each Receipt this Period 25.00
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	C	
Name of Employer Property Casualty Insurers Association	Occupation Assistant to the President and Directo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Ann Gray</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : 20130927111417-21</b>
Mailing Address 444 N Capitol St NW Ste 801		Amount of Each Receipt this Period 25.00
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	C	
Name of Employer Property Casualty Insurers Association	Occupation Assistant to the President and Directo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Donald Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Personal Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-21**

Amount of Each Receipt this Period  
25.00

**B. Donald Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Personal Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-22**

Amount of Each Receipt this Period  
25.00

**C. Richard R. Griffith**  
Full Name (Last, First, Middle Initial)

Mailing Address 5981 Airport Rd

City Oriskany State NY Zip Code 13424-3905

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

Name of Employer Utica First Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 17 / 2013  
**Transaction ID : 2DC1577A0C66AD2FF41**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. John Hair</b>			Date of Receipt
Mailing Address 444 N Capitol St NW Ste 801			M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2013
City	State	Zip Code	<b>Transaction ID : 20130927111417-24</b>
Washington	DC	20001-1508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer	Occupation		
Property Casualty Insurers Association	Director, Federal Government Relations		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	225.00		

Full Name (Last, First, Middle Initial) <b>B. Steven M. Hartzler</b>			Date of Receipt
Mailing Address 10398 E Acacia Dr			M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013
City	State	Zip Code	<b>Transaction ID : 20130913175950-23</b>
Scottsdale	AZ	85255-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation		
Amerisure Companies	Core Service Center Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	590.00		

Full Name (Last, First, Middle Initial) <b>C. Steven M. Hartzler</b>			Date of Receipt
Mailing Address 10398 E Acacia Dr			M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2013
City	State	Zip Code	<b>Transaction ID : 20130926185207-23</b>
Scottsdale	AZ	85255-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation		
Amerisure Companies	Core Service Center Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	590.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Kirk B. Hinman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5981 Airport Rd

City Oriskany State NY Zip Code 13424-3905

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

Name of Employer Utica First Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : 551797CC5F642C8035A**

Amount of Each Receipt this Period  
 300.00

**B. Yvonne Hobson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8933 Minne Wanna Rd

City Clarkston State MI Zip Code 48348-3318

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

Name of Employer Amerisure Companies Occupation Product Line Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-25**

Amount of Each Receipt this Period  
 20.00

**C. Yvonne Hobson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8933 Minne Wanna Rd

City Clarkston State MI Zip Code 48348-3318

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

Name of Employer Amerisure Companies Occupation Product Line Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-25**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Thomas E. Hoeg</b>		Date of Receipt
Mailing Address 17950 Cranbrook Ct		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Northville	MI	48168-4391
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20130913175950-26</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Amerisure Companies	President and Chief Executive Officer,	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas E. Hoeg</b>		Date of Receipt
Mailing Address 17950 Cranbrook Ct		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Northville	MI	48168-4391
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20130926185207-26</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Amerisure Companies	President and Chief Executive Officer,	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. June Holmes</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60631-3512
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20130913114316-24</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
Property Casualty Insurers Association	Chief Operating Officer and Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
<b>TOTAL</b> 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 32 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. June Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8700 W Bryn Mawr Ave  
 Ste 1200S  
 City Chicago State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Chief Operating Officer and Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-25**  
 Amount of Each Receipt this Period  
**150.00**

**B. Micaela Isler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 N Capitol St NW  
 Ste 801  
 City Washington State DC Zip Code 20001-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, State Govern  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-25**  
 Amount of Each Receipt this Period  
**50.00**

**C. Micaela Isler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 N Capitol St NW  
 Ste 801  
 City Washington State DC Zip Code 20001-1508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Assistant Vice President, State Govern  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-26**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Daniel H. Johnson</b>		Date of Receipt
Mailing Address 10715 David Taylor Dr Ste 500		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Charlotte	State NC	Zip Code 28262-2007
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913175950-29</b>
Name of Employer Amerisure Companies		Amount of Each Receipt this Period
Occupation Assistant Vice President - CSC Manage		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="395.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Daniel H. Johnson</b>		Date of Receipt
Mailing Address 10715 David Taylor Dr Ste 500		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Charlotte	State NC	Zip Code 28262-2007
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130926185207-29</b>
Name of Employer Amerisure Companies		Amount of Each Receipt this Period
Occupation Assistant Vice President - CSC Manage		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="395.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Scott A. Joyner</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60631-3512
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913114316-26</b>
Name of Employer Property Casualty Insurers Association		Amount of Each Receipt this Period
Occupation Vice President, Information Technology		<input type="text" value="55.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="990.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="95.00"/>
<b>TOTAL</b> 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 34 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

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

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-27**

Amount of Each Receipt this Period  
55.00

**B. Camille Kahler**  
Full Name (Last, First, Middle Initial)

Mailing Address 5981 Airport Rd

City Oriskany State NY Zip Code 13424-3905

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

Name of Employer Utica First Insurance Company Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 27 / 2013  
**Transaction ID : EC92E02DDF1D2BE7AAF**

Amount of Each Receipt this Period  
300.00

**C. Roy D. Kinnan**  
Full Name (Last, First, Middle Initial)

Mailing Address 46139 Galway Dr

City Novi State MI Zip Code 48374-3972

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

Name of Employer Amerisure Companies Occupation Chief Financial Officer & Treasurer, A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913175950-31**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)  
**A. Roy D. Kinnan**  
 Mailing Address 46139 Galway Dr  
 City State Zip Code  
 Novi MI 48374-3972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amerisure Companies Chief Financial Officer & Treasurer, A  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-31**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Gregory A. Kocek**  
 Mailing Address 2300 Ridgewood Dr  
 City State Zip Code  
 Waco TX 76710-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Farm Bureau Insurance Companies Chief Information Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : 20130905180206-2**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Gregory A. Kocek**  
 Mailing Address 2300 Ridgewood Dr  
 City State Zip Code  
 Waco TX 76710-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Farm Bureau Insurance Companies Chief Information Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : 20130920190901-2**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Gregory A. Kocek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Ridgewood Dr  
 City Waco State TX Zip Code 76710-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Farm Bureau Insurance Companies Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : 20130930181009-2**  
 Amount of Each Receipt this Period **25.00**

**B. Keith D. Krueger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7901 Jocelyn Ave S  
 City Cottage Grove State MN Zip Code 55016-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Insurance Companies Occupation VP/WC UW & Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **720.00**

Date of Receipt **09 / 06 / 2013**  
**Transaction ID : 20130909123108-20**  
 Amount of Each Receipt this Period **40.00**

**C. Keith D. Krueger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7901 Jocelyn Ave S  
 City Cottage Grove State MN Zip Code 55016-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Insurance Companies Occupation VP/WC UW & Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **720.00**

Date of Receipt **09 / 20 / 2013**  
**Transaction ID : 20130923103735-20**  
 Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Dwight B. Ku Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3055 Oak Rd

City Walnut Creek State CA Zip Code 94597-2098

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

Name of Employer CSAA Insurance Group Occupation Assistant General Counsel & Director.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
09 / 17 / 2013  
**Transaction ID : 15988CC5381B47E1AE6D**

Amount of Each Receipt this Period  
600.00

**B. Gerald F. Ladner**  
Full Name (Last, First, Middle Initial)

Mailing Address 7316 Jaborandi Dr

City Austin State TX Zip Code 78739-1929

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

Name of Employer State Auto Insurance Companies Occupation Regional President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
09 / 06 / 2013  
**Transaction ID : 20130909123108-21**

Amount of Each Receipt this Period  
40.00

**C. Gerald F. Ladner**  
Full Name (Last, First, Middle Initial)

Mailing Address 7316 Jaborandi Dr

City Austin State TX Zip Code 78739-1929

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

Name of Employer State Auto Insurance Companies Occupation Regional President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
09 / 20 / 2013  
**Transaction ID : 20130923103735-21**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 680.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Patrick I. Leeper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1134 W Ward Pkwy

City Springfield State MO Zip Code 65810-2581

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

Name of Employer American National Property and Casualt Occupation Assistant Vice President, Multiple Lin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : 20130926171624-5**

Amount of Each Receipt this Period 25.00

**B. Alan R. Leist Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5981 Airport Rd

City Oriskany State NY Zip Code 13424-3905

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

Name of Employer Utica First Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : AAE615DB767E0364DE3**

Amount of Each Receipt this Period 300.00

**C. Thomas Litjen**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Federal Government Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.06

Date of Receipt 09 / 12 / 2013  
**Transaction ID : 20130913114316-30**

Amount of Each Receipt this Period 104.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 429.17

**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 39 OF 82
	(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

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Thomas Litjen</b>		Date of Receipt
Mailing Address 444 N Capitol St NW Ste 801		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130927111417-31</b>
Name of Employer Property Casualty Insurers Association	Occupation Vice President, Federal Government Rel	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="104.17"/>
	<input type="text" value="1875.06"/>	

Full Name (Last, First, Middle Initial) <b>B. Marc Lovrak</b>		Date of Receipt
Mailing Address 8176 Kennedy Rd		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City Blacklick	State OH	Zip Code 43004-9707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130909123108-23</b>
Name of Employer State Auto Insurance Companies	Occupation Claim Manager	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="5.00"/>
	<input type="text" value="265.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Marc Lovrak</b>		Date of Receipt
Mailing Address 8176 Kennedy Rd		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Blacklick	State OH	Zip Code 43004-9707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20130923103735-23</b>
Name of Employer State Auto Insurance Companies	Occupation Claim Manager	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="5.00"/>
	<input type="text" value="265.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="114.17"/>
<b>TOTAL</b> 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 40 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Deirdre Manna**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Political Engagement &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-33**

Amount of Each Receipt this Period  
50.00

**B. Deirdre Manna**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, Political Engagement &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-34**

Amount of Each Receipt this Period  
50.00

**C. James H. McClintock**  
Full Name (Last, First, Middle Initial)

Mailing Address 59 Salmon Brook Dr

City Glastonbury State CT Zip Code 06033-2141

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

Name of Employer Middlesex Mutual Assurance Company, In Occupation Underwriting Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : 20130930181546-2**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Claire F. Mead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 713 E Meramec Ln  
City Nixa State MO Zip Code 65714-8163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American National Property and Casualty Occupation Director Underwriting Support  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 360.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : 20130926171624-8**  
Amount of Each Receipt this Period 40.00

**B. John B. Millet Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5981 Airport Rd  
City Oriskany State NY Zip Code 13424-3905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Utica First Insurance Company Occupation Board Member  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : FD401EB94471A0F7B3B**  
Amount of Each Receipt this Period 300.00

**C. James Naylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3055 Oak Rd  
City Walnut Creek State CA Zip Code 94597-2098  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CSAA Insurance Group Occupation Claims Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 09 / 17 / 2013  
**Transaction ID : 0E48934FD5314C128B3B**  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional)..... **940.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Frank O'Brien</b>		Date of Receipt
Mailing Address 1 State St Ste 1500		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 20130927111417-38</b>
Boston	MA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="2500"/>
02109-3542		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Property Casualty Insurers Association	Vice President, State Government Relat	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joanne M. Orfanos</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 20130913114316-39</b>
Chicago	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="50.00"/>
60631-3512		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Property Casualty Insurers Association	Senior Vice President, Membership and	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joanne M. Orfanos</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : 20130927111417-40</b>
Chicago	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="50.00"/>
60631-3512		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Property Casualty Insurers Association	Senior Vice President, Membership and	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> 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 43 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Gregory V. Ostergren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5154 S Chelsea Ave  
 City Springfield State MO Zip Code 65804-7711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American National Property and Casualty Occupation Chairman, President and CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2700.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : 20130926171624-9**  
 Amount of Each Receipt this Period **300.00**

**B. John M. Petrucci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5961 Morganwood Sq  
 City Hilliard State OH Zip Code 43026-7176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Insurance Companies Occupation VP/Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **312.00**

Date of Receipt **09 / 06 / 2013**  
**Transaction ID : 20130909123108-26**  
 Amount of Each Receipt this Period **26.00**

**C. John M. Petrucci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5961 Morganwood Sq  
 City Hilliard State OH Zip Code 43026-7176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Insurance Companies Occupation VP/Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **312.00**

Date of Receipt **09 / 20 / 2013**  
**Transaction ID : 20130923103735-26**  
 Amount of Each Receipt this Period **26.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>352.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. H. Julian Philpott Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2013
Mailing Address 5301 Glenwood Ave		<b>Transaction ID : A3CCFA7241CBCDA3F1F</b>
City Raleigh	State NC	Zip Code 27612-3244
FEC ID number of contributing federal political committee.	C	
Name of Employer North Carolina Farm Bureau Insurance G	Occupation General Counsel	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Albert Plessinger</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2013
Mailing Address 5353 W Bell Rd		<b>Transaction ID : B9E7A7E0322740A6BF1C</b>
City Glendale	State AZ	Zip Code 85308-3912
FEC ID number of contributing federal political committee.	C	
Name of Employer CSAA Insurance Group	Occupation Director IT Operations Center	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. William M. Puryear</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013
Mailing Address 400 Candus Cove		<b>Transaction ID : 20130905180206-3</b>
City China Spring	State TX	Zip Code 76633
FEC ID number of contributing federal political committee.	C	
Name of Employer Texas Farm Bureau Group	Occupation Manager Insurance Company Transition	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	930.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. William M. Puryear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Candus Cove  
 City State Zip Code  
 China Spring TX 76633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Farm Bureau Group Manager Insurance Company Transition  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : 20130920190901-3**  
 Amount of Each Receipt this Period  
 300.00

**B. William M. Puryear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Candus Cove  
 City State Zip Code  
 China Spring TX 76633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Texas Farm Bureau Group Manager Insurance Company Transition  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : 20130930181009-3**  
 Amount of Each Receipt this Period  
 300.00

**C. Richard W. Quehl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9025 N Lindbergh Dr  
 City State Zip Code  
 Peoria IL 61615-1499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RLI Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : 7BB2BD39DB67CBAADF5**  
 Amount of Each Receipt this Period  
 240.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 82  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Richard W. Ramell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 380 Sentry Pkwy  
City Blue Bell State PA Zip Code 19422-2357  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PMA Insurance Group Occupation Branch Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2013  
**Transaction ID : 20130913180330-20**  
Amount of Each Receipt this Period  
25.00

**B. Richard W. Ramell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 380 Sentry Pkwy  
City Blue Bell State PA Zip Code 19422-2357  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PMA Insurance Group Occupation Branch Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2013  
**Transaction ID : 20130913180330-8**  
Amount of Each Receipt this Period  
25.00

**C. Richard W. Ramell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 380 Sentry Pkwy  
City Blue Bell State PA Zip Code 19422-2357  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PMA Insurance Group Occupation Branch Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2013  
**Transaction ID : 20130926171453-8**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Earle C. Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5981 Airport Rd  
City Oriskany State NY Zip Code 13424-3905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Utica First Insurance Company Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 17 / 2013  
**Transaction ID : 9C89F3C57BF6439A8539**  
Amount of Each Receipt this Period 300.00

**B. Mary Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3037 Leeds Rd  
City Columbus State OH Zip Code 43221-2628  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Auto Insurance Companies Occupation VP/Dir-Planning & Exp Mgt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 06 / 2013  
**Transaction ID : 20130909123108-29**  
Amount of Each Receipt this Period 70.00

**c. Mary Reynolds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3037 Leeds Rd  
City Columbus State OH Zip Code 43221-2628  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Auto Insurance Companies Occupation VP/Dir-Planning & Exp Mgt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 20 / 2013  
**Transaction ID : 20130923103735-29**  
Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 440.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. James Richardson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2726 Lovett Ln  
City Cedar Park State TX Zip Code 78613-1638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Auto Insurance Companies Occupation RVP-Business Insurance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt  
09 / 06 / 2013  
**Transaction ID : 20130909123108-30**  
Amount of Each Receipt this Period  
35.00

**B. James Richardson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2726 Lovett Ln  
City Cedar Park State TX Zip Code 78613-1638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Auto Insurance Companies Occupation RVP-Business Insurance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt  
09 / 20 / 2013  
**Transaction ID : 20130923103735-30**  
Amount of Each Receipt this Period  
35.00

**c. Doug R. Roggenbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3955 Pitt Rd  
City Waterford State MI Zip Code 48328-1144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 490.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913175950-46**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 95.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Doug R. Roggenbaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3955 Pitt Rd  
 City Waterford State MI Zip Code 48328-1144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amerisure Companies Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-46**  
 Amount of Each Receipt this Period  
 25.00

**B. Mark J. Roso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1171 Park Dr  
 City Gahanna State OH Zip Code 43230-6292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Insurance Companies Occupation AVP/Business Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : 20130909123108-31**  
 Amount of Each Receipt this Period  
 25.00

**C. Mark J. Roso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1171 Park Dr  
 City Gahanna State OH Zip Code 43230-6292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Insurance Companies Occupation AVP/Business Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : 20130923103735-31**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Todd B. Ruthruff**  
Full Name (Last, First, Middle Initial)

Mailing Address 14615 Tudor Chase Dr

City Tampa State FL Zip Code 33626-3338

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

Name of Employer Amerisure Companies Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913175950-47**

Amount of Each Receipt this Period  
10.00

**B. Todd B. Ruthruff**  
Full Name (Last, First, Middle Initial)

Mailing Address 14615 Tudor Chase Dr

City Tampa State FL Zip Code 33626-3338

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

Name of Employer Amerisure Companies Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926185207-47**

Amount of Each Receipt this Period  
10.00

**C. David Sampson**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3751.54

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-43**

Amount of Each Receipt this Period  
208.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.08

**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: (check only one)	PAGE 51 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. David Sampson**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3751.54

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-44**

Amount of Each Receipt this Period  
208.08

**B. John Santulli**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Sentry Pkwy

City Blue Bell State PA Zip Code 19422-2357

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

Name of Employer PMA Insurance Group Occupation Executive Vice President, Risk Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913180330-9**

Amount of Each Receipt this Period  
20.00

**C. John Santulli**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Sentry Pkwy

City Blue Bell State PA Zip Code 19422-2357

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

Name of Employer PMA Insurance Group Occupation Executive Vice President, Risk Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913180330-21**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 248.08

**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 52 OF 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. John Santulli**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Sentry Pkwy

City Blue Bell State PA Zip Code 19422-2357

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

Name of Employer PMA Insurance Group Occupation Executive Vice President, Risk Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926171453-9**

Amount of Each Receipt this Period  
20.00

**B. Kurt Schuhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Sentry Pkwy

City Blue Bell State PA Zip Code 19422-2357

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

Name of Employer PMA Insurance Group Occupation Senior Vice President and Chief Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913180330-22**

Amount of Each Receipt this Period  
15.00

**C. Kurt Schuhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Sentry Pkwy

City Blue Bell State PA Zip Code 19422-2357

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

Name of Employer PMA Insurance Group Occupation Senior Vice President and Chief Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913180330-10**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Kurt Schuhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 Sentry Pkwy

City Blue Bell State PA Zip Code 19422-2357

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

Name of Employer PMA Insurance Group Occupation Senior Vice President and Chief Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926171453-10**

Amount of Each Receipt this Period  
15.00

**B. Mark Sektnan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1415 L St Ste 670

City Sacramento State CA Zip Code 95814-3964

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-44**

Amount of Each Receipt this Period  
50.00

**C. Mark Sektnan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1415 L St Ste 670

City Sacramento State CA Zip Code 95814-3964

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-45**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Kimberlee Rose Seney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3055 Oak Rd  
 City Walnut Creek State CA Zip Code 94597-2098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CSAA Insurance Group Occupation Marketing Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : DE9B424312134DF79BD1**  
 Amount of Each Receipt this Period  
**240.00**

**B. Mark C. Simmonds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3055 Oak Rd  
 City Walnut Creek State CA Zip Code 94597-2098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CSAA Insurance Group Occupation Vice President, Sales and Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 45C6F9B186A7435AB411**  
 Amount of Each Receipt this Period  
**1200.00**

**C. Matthew J. Simon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 Rosario Ln  
 City White Lake State MI Zip Code 48386-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amerisure Companies Occupation Vice President & Chief Financial Offic  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **495.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-49**  
 Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1465.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Matthew J. Simon**  
Full Name (Last, First, Middle Initial)

Mailing Address 412 Rosario Ln

City State Zip Code  
White Lake MI 48386-4404

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

Name of Employer Occupation  
Amerisure Companies Vice President & Chief Financial Offic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
09 / 24 / 2013  
**Transaction ID : 20130926185207-49**

Amount of Each Receipt this Period  
25.00

**B. Paul J. Simoneau**  
Full Name (Last, First, Middle Initial)

Mailing Address 9025 N Lindbergh Dr

City State Zip Code  
Peoria IL 61615-1499

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

Name of Employer Occupation  
RLI Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
09 / 27 / 2013  
**Transaction ID : 8F5EA861D5FF4EFCCC0**

Amount of Each Receipt this Period  
240.00

**C. Don A. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 54021 Trent River Dr

City State Zip Code  
Shelby Township MI 48315-1438

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

Name of Employer Occupation  
Amerisure Companies Vice President - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : 20130913175950-50**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Don A. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 54021 Trent River Dr

City Shelby Township State MI Zip Code 48315-1438

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

Name of Employer Amerisure Companies Occupation Vice President - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-50**

Amount of Each Receipt this Period  
 25.00

**B. Shannon L. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 5481 S James Ave

City Springfield State MO Zip Code 65810-7831

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

Name of Employer American National Property and Casualt Occupation Executive Vice President and Chief Mar

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926171624-12**

Amount of Each Receipt this Period  
 50.00

**C. Oyango Snell**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Counsel, State Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-47**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Oyango Snell**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Counsel, State Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-48**

Amount of Each Receipt this Period  
50.00

**B. David Snyder**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, International Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-48**

Amount of Each Receipt this Period  
50.00

**c. David Snyder**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, International Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-49**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Stephen Solimine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3624 Wolcott Dr  
City Flower Mound State TX Zip Code 75028-8712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Vice President - Regional Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : 20130913175950-51**  
Amount of Each Receipt this Period **15.00**

**B. Stephen Solimine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3624 Wolcott Dr  
City Flower Mound State TX Zip Code 75028-8712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Vice President - Regional Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : 20130926185207-51**  
Amount of Each Receipt this Period **15.00**

**C. Michael J. Stone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9025 N Lindbergh Dr  
City Peoria State IL Zip Code 61615-1499  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RLI Occupation President and Chief Operating Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3600.00**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : 59F9FD70D76F1852312**  
Amount of Each Receipt this Period **3600.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3630.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Debra Szmagaj**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1267 Old Milford Farms  
City Milford State MI Zip Code 48381-3373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Vice President Business Application Se  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : 20130913175950-54**  
Amount of Each Receipt this Period 30.00

**B. Debra Szmagaj**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1267 Old Milford Farms  
City Milford State MI Zip Code 48381-3373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Vice President Business Application Se  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : 20130926185207-54**  
Amount of Each Receipt this Period 30.00

**C. Lori Lee Tobis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 450 S Vernon St  
City Dearborn State MI Zip Code 48124-1393  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amerisure Companies Occupation Supervising Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : 20130913175950-56**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Lori Lee Tobis</b>		Date of Receipt
Mailing Address 450 S Vernon St		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dearborn	MI	48124-1393
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20130926185207-56</b>
Name of Employer Amerisure Companies		Amount of Each Receipt this Period
Occupation Supervising Attorney		<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Marguerite Tortorello</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60631-3512
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20130913114316-52</b>
Name of Employer Property Casualty Insurers Association		Amount of Each Receipt this Period
Occupation Senior Vice President, Public Affairs		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marguerite Tortorello</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60631-3512
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20130927111417-53</b>
Name of Employer Property Casualty Insurers Association		Amount of Each Receipt this Period
Occupation Senior Vice President, Public Affairs		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> 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 61 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. John Vallor**  
Full Name (Last, First, Middle Initial)

Mailing Address 3055 Oak Rd

City Walnut Creek State CA Zip Code 94597-2098

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

Name of Employer CSAA Insurance Group Occupation Vice President of Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : 5870AB874B981A3680D**

Amount of Each Receipt this Period  
 600.00

**B. Susan G. Vincent**  
Full Name (Last, First, Middle Initial)

Mailing Address 1787 Sheffield Rd

City Birmingham State MI Zip Code 48009-7224

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

Name of Employer Amerisure Companies Occupation Vice President, General Counsel and Se

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-57**

Amount of Each Receipt this Period  
 50.00

**C. Susan G. Vincent**  
Full Name (Last, First, Middle Initial)

Mailing Address 1787 Sheffield Rd

City Birmingham State MI Zip Code 48009-7224

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

Name of Employer Amerisure Companies Occupation Vice President, General Counsel and Se

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-57**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 62 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)  
**A. Edward H. Wagner**  
 Mailing Address 1259 Dorchester Rd  
 City State Zip Code  
 Birmingham MI 48009-5995  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amerisure Companies Chief Underwriting Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : 20130913175950-58**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Edward H. Wagner**  
 Mailing Address 1259 Dorchester Rd  
 City State Zip Code  
 Birmingham MI 48009-5995  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amerisure Companies Chief Underwriting Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : 20130926185207-58**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Timothy A. Walsh**  
 Mailing Address 344 Route 9W  
 City State Zip Code  
 Glenmont NY 12077-2910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Farm Family Insurance Companies President, Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : 20130920190614-1**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Timothy A. Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 344 Route 9W  
 City Glenmont State NY Zip Code 12077-2910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farm Family Insurance Companies Occupation President, Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 24 / 2013  
**Transaction ID : 20130926171806-1**  
 Amount of Each Receipt this Period  
 50.00

**B. Ann Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8700 W Bryn Mawr Ave Ste 1200S  
 City Chicago State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 09 / 12 / 2013  
**Transaction ID : 20130913114316-53**  
 Amount of Each Receipt this Period  
 50.00

**C. Ann Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8700 W Bryn Mawr Ave Ste 1200S  
 City Chicago State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 09 / 26 / 2013  
**Transaction ID : 20130927111417-54**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial) <b>A. Deborah Wensel</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60631-3512
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913114316-54</b>
Name of Employer PCI		Amount of Each Receipt this Period
Occupation Senior Vice President, Chief Financial		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Deborah Wensel</b>		Date of Receipt
Mailing Address 8700 W Bryn Mawr Ave Ste 1200S		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60631-3512
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130927111417-55</b>
Name of Employer PCI		Amount of Each Receipt this Period
Occupation Senior Vice President, Chief Financial		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Nathaniel Wienecke</b>		Date of Receipt
Mailing Address 444 N Capitol St NW Ste 801		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20130913114316-55</b>
Name of Employer PCI		Amount of Each Receipt this Period
Occupation Senior Vice President, Federal Governm		<input type="text" value="167.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3006.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="367.00"/>
<b>TOTAL</b> 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 65 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Nathaniel Wienecke**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer PCI Occupation Senior Vice President, Federal Governm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3006.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-56**

Amount of Each Receipt this Period  
167.00

**B. Joe Woods**  
Full Name (Last, First, Middle Initial)

Mailing Address 1504 San Antonio St

City Austin State TX Zip Code 78701-1613

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-56**

Amount of Each Receipt this Period  
50.00

**C. Joe Woods**  
Full Name (Last, First, Middle Initial)

Mailing Address 1504 San Antonio St

City Austin State TX Zip Code 78701-1613

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

Name of Employer Property Casualty Insurers Association Occupation Vice President, State Government Relat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-57**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	267.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 82
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A. Robert Woody**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Senior Counsel, Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : 20130913114316-57**

Amount of Each Receipt this Period  
250.00

**B. Robert Woody**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N Capitol St NW  
Ste 801

City Washington State DC Zip Code 20001-1508

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

Name of Employer Property Casualty Insurers Association Occupation Senior Counsel, Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : 20130927111417-58**

Amount of Each Receipt this Period  
250.00

**C. John Xu**  
Full Name (Last, First, Middle Initial)

Mailing Address 3055 Oak Rd

City Walnut Creek State CA Zip Code 94597-2098

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

Name of Employer CSAA Insurance Group Occupation Actuarial Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 06 / 2013  
**Transaction ID : 6C09BA55C4DA4CD6B8E4**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**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 67 OF 82  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A.** Full Name (Last, First, Middle Initial)  
**John Zawadzki**

Mailing Address 5981 Airport Rd

City Oriskany State NY Zip Code 13424-3905

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

Name of Employer Utica First Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : B7A859F877C52719EAD**

Amount of Each Receipt this Period  
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18756.50

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

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

FOR LINE NUMBER: PAGE 68 OF 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A.** Full Name (Last, First, Middle Initial)  
North Carolina Farm Bureau Federation Inc Pol Act Cmte Inc (AKA) Nc Farm Bureau Farmpac

Mailing Address 5301 Glenwood Avenue

City Raleigh State NC Zip Code 27612

FEC ID number of contributing federal political committee. **C** C00216754

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : 655F621E27ED49AB87D6**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 69 OF 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Property Casualty Insurers Association of America**

Mailing Address 8700 West Bryn Mawr Ave

City Chicago State IL Zip Code 60631

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2743.20

Date of Receipt  
09 / 30 / 2013  
Transaction ID : ED63E538819D4DA2AF1E

Amount of Each Receipt this Period  
179.41

Offset to Operation Exp 09-01-13 to 09-30-13

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	179.41
<b>TOTAL</b> This Period (last page this line number only).....▶	179.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Sep 2013 PayPal Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

Transaction ID : 052E564E1AC45E8E002

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-06-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : FD8DC15B0B24988A639

Amount of Each Disbursement this Period

15.63
-------

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-10-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : 5E6A268E11670F04BE5

Amount of Each Disbursement this Period

12.35
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

57.98
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-13-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2013

**Transaction ID : AECF286A2B05CAD2B73**

Amount of Each Disbursement this Period

48.90

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-17-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2013

**Transaction ID : E577FC0B2C914C3544E**

Amount of Each Disbursement this Period

43.23

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-20-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2013

**Transaction ID : E1BAFDC726F040E37CA**

Amount of Each Disbursement this Period

2.80

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

94.93

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-23-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2013

**Transaction ID : 689D93F332A1CFBF6B7**

Amount of Each Disbursement this Period

18.10

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchant CC Fees 09-26-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : 4C1236CB9E0AE12BFCD**

Amount of Each Disbursement this Period

4.05

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address 9575 West Higgins Road

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Merchnt CC Fees 09-27-2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2013

**Transaction ID : 7A13E2A5B60AAF40961**

Amount of Each Disbursement this Period

4.35

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

26.50

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

179.41



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Xavier Becerra**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	3

**Transaction ID : 35E9AF0CA2F6895B090**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bluegrass Committee**

Mailing Address 220 1/2 E St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Bluegrass Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	3

**Transaction ID : E7314ACC73D3E58F18E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	3

**Transaction ID : 2F084F750341C82C9E6**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Sean P. Duffy**

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : DB268D6B5761E6A3BE7**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Sean P. Duffy**

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : 8D82AB7239F65295E10**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Enzi for US Senate**

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Michael B. Enzi**

Office Sought:  House  
 Senate  
 President  
State: WY District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : 154E818CD332134C56B**

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. First State PAC**

Mailing Address PO Box 3006

City State Zip Code  
Wilmington DE 19804

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**First State PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2013

**Transaction ID : D49EE8291C42F8CE1C8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick for Congress**

Mailing Address PO Box 185

City State Zip Code  
Langhorne PA 19047-0185

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: PA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : F02036BA50E838AF17B**

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

**C. Fitzpatrick for Congress**

Mailing Address PO Box 185

City State Zip Code  
Langhorne PA 19047-0185

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: PA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : 47E64155AB2397F2A74**

Amount of Each Disbursement this Period

2000.00

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

500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends for Harry Reid**

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Harry M. Reid**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2013

**Transaction ID : EECA0100D14BE6279E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Mark Robert Warner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : B0310DEDD29ABCC549**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Gary Miller for Congress**

Mailing Address 721 S Brea Canyon Rd Ste 7

City Diamond Bar State CA Zip Code 91789

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gary G. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2013

**Transaction ID : 6A2661862570F533441**

Amount of Each Disbursement this Period

-2500.00

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Gary Miller for Congress**

Mailing Address 721 S Brea Canyon Rd Ste 7

City State Zip Code  
Diamond Bar CA 91789

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gary G. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	3

**Transaction ID : 85010ED8A4E7ECEBEE5**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Gop Generation Y Fund**

Mailing Address PO Box 9055

City State Zip Code  
Peoria IL 61612

Purpose of Disbursement  
Voided 09/25/2012 Contribution

011

Category/  
Type

Candidate Name

**Gop Generation Y Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

**Transaction ID : 725652967DF66B6AC14**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Hagan for US Senate Inc**

Mailing Address PO Box 29103

City State Zip Code  
Greensboro NC 27429-9103

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Kay R. Hagan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	3

**Transaction ID : 3D5821A5686F1DB0EAB**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

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

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Kaine for Virginia**

Mailing Address 20 West Maple Street

City Alexandria State VA Zip Code 22301-2604

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Timothy Michael Kaine**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2013

**Transaction ID : 65FED259E421F20F541**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : A537029567C4F0DF2AA**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : 6D3782BCB04E36F0E64**

Amount of Each Disbursement this Period

4000.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

Transaction ID : DF2C9CA9060E7716133

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Murphpac**

Mailing Address 410 1st St SE, Fl 3

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Murphpac**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2013

Transaction ID : 4D30CBD101726FB8B1B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. New Jersey Democratic State Committee**

Mailing Address 196 West State Street

City Trenton State NJ Zip Code 08608

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**New Jersey Democratic State Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2013

Transaction ID : CFE79896313AE63415F

Amount of Each Disbursement this Period

2500.00

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

9500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. New Jersey Republican State Committee**

Mailing Address 28 West State Street Suite 319

City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**New Jersey Republican State Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2013

**Transaction ID : C96F6A6070C2CD36178**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ruben Hinojosa for Congress**

Mailing Address 10125 N. 10th Street, Suite E

City State Zip Code  
McAllen TX 78504

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ruben E. Hinojosa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : 57610BBCE3CE3FE9B8A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Scott Garrett for Congress**

Mailing Address PO Box 905

City State Zip Code  
Newton NJ 07860

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ernest Scott Garrett**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : 00A46032AC3B3F18D0C**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Shelley Moore Capito for Congress**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Shelley Moore Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : DE826C6FC09482D15A2

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2014 General

011

Candidate Name

**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	3

Transaction ID : AE5F4B01BC3A6724D9C

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	3

Transaction ID : 18C2141CC56841C5A1D

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	2	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Property Casualty Insurers Association of America Political Action Committee (PCIPAC)**

Full Name (Last, First, Middle Initial)

**A. Tom Corbett for Governor**

Mailing Address P. O. Box 1145

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
Nonfederal Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	3

**Transaction ID : D581EAADDABFE533B69**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

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

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

1	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
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