

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Heidi Krumenauer

Signature of Treasurer Electronically Filed by Heidi Krumenauer Date 10 18 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		38069.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	35984.70									
(c) Total Receipts (from Line 19)	4235.41	39213.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40220.11	77282.85								
7. Total Disbursements (from Line 31)	15500.00	52562.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24720.11	24720.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2308.41	11240.36
(i) Itemized (use Schedule A)	1927.00	27973.45
(ii) Unitemized	4235.41	39213.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	4235.41	39213.81
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4235.41	39213.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4235.41	39213.81

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	52500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	62.74
(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	62.74
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15500.00	52562.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15500.00	52562.74

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4235.41	39213.81
34. Total Contribution Refunds (from Line 28(d))	0.00	62.74
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4235.41	39151.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mark V Afile		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1826 Carrington Drive		Transaction ID: 10809/22/2006MVA001	
City State Zip Code Sun Prairie WI 53590-3544	Amount of Each Receipt this Period 20.62		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Govt Affairs/Compl VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.98		

Full Name (Last, First, Middle Initial) B. Mark V Afile		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1826 Carrington Drive		Transaction ID: 10809/08/2006MVA001	
City State Zip Code Sun Prairie WI 53590-3544	Amount of Each Receipt this Period 20.62		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Govt Affairs/Compl VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.98		

Full Name (Last, First, Middle Initial) C. Donald D Alfermann		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 6548 S Blackhawk Way		Transaction ID: 10809/22/2006DDA101	
City State Zip Code Aurora CO 80016-3196	Amount of Each Receipt this Period 40.46		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 722.43		

SUBTOTAL of Receipts This Page (optional) ▶	81.70
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Donald D Alfermann		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 6548 S Blackhawk Way		Transaction ID: 10809/08/2006DDA101	
City Aurora	State CO	Zip Code 80016-3196	Amount of Each Receipt this Period 40.46
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 722.43		

Full Name (Last, First, Middle Initial) B. David R Anderson		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 4717 Fond Du Lac Trail		Transaction ID: 10809/22/2006DRA002	
City Madison	State WI	Zip Code 53705-4812	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chairman Elect & President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. David R Anderson		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 4717 Fond Du Lac Trail		Transaction ID: 10809/08/2006DRA002	
City Madison	State WI	Zip Code 53705-4812	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chairman Elect & President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.46
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

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

Mailing Address W5532 Timber Lane

City State Zip Code
New Glarus WI 53574-9453

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

Name of Employer American Family Insurance Group
Occupation Field Sales Support Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006TJA101

Amount of Each Receipt this Period
20.00

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

Mailing Address W5532 Timber Lane

City State Zip Code
New Glarus WI 53574-9453

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

Name of Employer American Family Insurance Group
Occupation Field Sales Support Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 10809/08/2006TJA101

Amount of Each Receipt this Period
20.00

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

Mailing Address 1227 Bongard Drive

City State Zip Code
Waunakee WI 53597-2657

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

Name of Employer American Family Insurance Group
Occupation Marketing VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006GWB101

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Gerry W Benusa		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 1227 Bongard Drive		Transaction ID: 10809/08/2006GWB101 Amount of Each Receipt this Period 25.00
City State Zip Code Waunakee WI 53597-2657	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Marketing VP	
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. Elizabeth A Bergquist		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 13431 Corner Hollow Court		Transaction ID: 10809/22/2006EAL003 Amount of Each Receipt this Period 15.00
City State Zip Code Draper UT 84020-7802	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Elizabeth A Bergquist		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 13431 Corner Hollow Court		Transaction ID: 10809/08/2006EAL003 Amount of Each Receipt this Period 15.00
City State Zip Code Draper UT 84020-7802	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	55.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Robert D Boschulte

Mailing Address 615 W Main Street Apt. 202

City Madison State WI Zip Code 53703-4782

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

Name of Employer American Family Insurance Group
Occupation Financial Svs VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.44

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006RDB011

Amount of Each Receipt this Period
16.23

B. Full Name (Last, First, Middle Initial)
Robert D Boschulte

Mailing Address 615 W Main Street Apt. 202

City Madison State WI Zip Code 53703-4782

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

Name of Employer American Family Insurance Group
Occupation Financial Svs VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.44

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 10809/08/2006RDB011

Amount of Each Receipt this Period
16.23

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

Mailing Address 1218 Redan Drive

City Verona State WI Zip Code 53593-7817

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 717.57

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006MJB102

Amount of Each Receipt this Period
40.31

SUBTOTAL of Receipts This Page (optional)	▶	72.77
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. M. Jeff Bosco		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1218 Redan Drive		Transaction ID: 10809/08/2006MJB102	
City State Zip Code Verona WI 53593-7817	Amount of Each Receipt this Period 40.31		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Life/Health VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 717.57		

Full Name (Last, First, Middle Initial) B. Jeffrey E Burke		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 5963 Cuba Valley Road		Transaction ID: 10809/22/2006JEB005	
City State Zip Code Waunakee WI 53597-9605	Amount of Each Receipt this Period 38.31		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Marketing VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.78		

Full Name (Last, First, Middle Initial) C. Jeffrey E Burke		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 5963 Cuba Valley Road		Transaction ID: 10809/08/2006JEB005	
City State Zip Code Waunakee WI 53597-9605	Amount of Each Receipt this Period 38.31		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Marketing VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.78		

SUBTOTAL of Receipts This Page (optional) ▶	116.93
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Byrne W Chapman		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 6706 Putnam Road		Transaction ID: 10809/22/2006BWC801 Amount of Each Receipt this Period 10.00
City State Zip Code Madison WI 53711-3961	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Information Svs VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

Full Name (Last, First, Middle Initial) B. Byrne W Chapman		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 6706 Putnam Road		Transaction ID: 10809/08/2006BWC801 Amount of Each Receipt this Period 10.00
City State Zip Code Madison WI 53711-3961	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Information Svs VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

Full Name (Last, First, Middle Initial) C. Vicki L Chvala		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 925 Harrington Drive Apt. 210		Transaction ID: 10809/22/2006VLC001 Amount of Each Receipt this Period 25.00
City State Zip Code Madison WI 53718-3280	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

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

Full Name (Last, First, Middle Initial) A. Vicki L Chvala		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 925 Harrington Drive Apt. 210		Transaction ID: 10809/08/2006VLC001	
City State Zip Code Madison WI 53718-3280	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Exec VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Daniel K Cunningham		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address W10878 Reefer Way		Transaction ID: 10809/22/2006DKC001	
City State Zip Code Lodi WI 53555-1584	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Auto Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Daniel K Cunningham		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address W10878 Reefer Way		Transaction ID: 10809/08/2006DKC001	
City State Zip Code Lodi WI 53555-1584	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Auto Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	55.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Michael R Duran		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 12540 Maple Drive		Transaction ID: 10809/22/2006MGD101	
City Savannah	State MO	Zip Code 64485-9325	Amount of Each Receipt this Period 39.69
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.34		

Full Name (Last, First, Middle Initial) B. Michael R Duran		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 12540 Maple Drive		Transaction ID: 10809/08/2006MGD101	
City Savannah	State MO	Zip Code 64485-9325	Amount of Each Receipt this Period 39.69
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 707.34		

Full Name (Last, First, Middle Initial) C. James F Eldridge		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1830 Cobblestone Court		Transaction ID: 10809/22/2006JFE001	
City Sun Prairie	State WI	Zip Code 53590-3520	Amount of Each Receipt this Period 34.15
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chief Legal Ofcr/Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.56		

SUBTOTAL of Receipts This Page (optional) ▶	113.53
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. James F Eldridge		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1830 Cobblestone Court		Transaction ID: 10809/08/2006JFE001	
City State Zip Code Sun Prairie WI 53590-3520	Amount of Each Receipt this Period 34.15		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chief Legal Ofcr/Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.56		

Full Name (Last, First, Middle Initial) B. Lee C Fanshaw		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1648 Erin Hill		Transaction ID: 10809/22/2006LCF002	
City State Zip Code Stoughton WI 53589-4853	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Federal Govt Affair Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Lee C Fanshaw		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1648 Erin Hill		Transaction ID: 10809/08/2006LCF002	
City State Zip Code Stoughton WI 53589-4853	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Federal Govt Affair Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	64.15
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Heather M Ferrari		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 27336 Maple Ridge Way Southeast		Transaction ID: 10809/15/2006HMF004	
City State Zip Code Maple Valley WA 98038-2005	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Richard A Fetherston		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2014 Range Trail		Transaction ID: 10809/22/2006RAF004	
City State Zip Code Verona WI 53593-9361	Amount of Each Receipt this Period 16.54		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Public Relations VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.39		

Full Name (Last, First, Middle Initial) C. Richard A Fetherston		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 2014 Range Trail		Transaction ID: 10809/08/2006RAF004	
City State Zip Code Verona WI 53593-9361	Amount of Each Receipt this Period 16.54		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Public Relations VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.39		

SUBTOTAL of Receipts This Page (optional) ▶	63.08
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Dean M Fiorelli

Mailing Address 1896 Carrington Drive

City State Zip Code
Sun Prairie WI 53590-3544

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

Name of Employer American Family Insurance Group
Occupation Financial Plan&Anly Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006DMF001

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Dean M Fiorelli

Mailing Address 1896 Carrington Drive

City State Zip Code
Sun Prairie WI 53590-3544

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

Name of Employer American Family Insurance Group
Occupation Financial Plan&Anly Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: 10809/08/2006DMF001

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
James T Fitzgerald

Mailing Address 921 Eddington Drive

City State Zip Code
Sun Prairie WI 53590-3537

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

Name of Employer American Family Insurance Group
Occupation Field Training Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006JTF101

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. James T Fitzgerald		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 921 Eddington Drive		Transaction ID: 10809/08/2006JTF101	
City State Zip Code Sun Prairie WI 53590-3537	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Field Training Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Carolyn S Gilb		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 16432 Parkside Drive		Transaction ID: 10809/22/2006CSG006	
City State Zip Code Parker CO 80134-9561	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Carolyn S Gilb		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 16432 Parkside Drive		Transaction ID: 10809/08/2006CSG006	
City State Zip Code Parker CO 80134-9561	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Bradley J Gleason		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 3727 Nelson Lane		Transaction ID: 10809/22/2006BJG002	
City State Zip Code Deerfield WI 53531-9707	Amount of Each Receipt this Period 24.85		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Exec VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.16		

Full Name (Last, First, Middle Initial) B. Bradley J Gleason		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 3727 Nelson Lane		Transaction ID: 10809/08/2006BJG002	
City State Zip Code Deerfield WI 53531-9707	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Exec VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.16		

Full Name (Last, First, Middle Initial) C. Ann M Hamilton		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 974 Duncannon Way		Transaction ID: 10809/22/2006AMD003	
City State Zip Code Sun Prairie WI 53590-3768	Amount of Each Receipt this Period 16.54		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Education VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.39		

SUBTOTAL of Receipts This Page (optional) ▶	63.19
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Ann M Hamilton		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 974 Duncannon Way		Transaction ID: 10809/08/2006AMD003
City Sun Prairie	State WI	Zip Code 53590-3768
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.54
Name of Employer American Family Insurance Group	Occupation Education VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.39	

Full Name (Last, First, Middle Initial) B. John B Johnson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 5854 Persimmon Drive		Transaction ID: 10809/22/2006JBJ001
City Fitchburg	State WI	Zip Code 53711-5004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.77
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.16	

Full Name (Last, First, Middle Initial) C. John B Johnson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 5854 Persimmon Drive		Transaction ID: 10809/08/2006JBJ001
City Fitchburg	State WI	Zip Code 53711-5004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.77
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.16	

SUBTOTAL of Receipts This Page (optional)	88.08
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Keith C Koppornolle		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address N49W31057 Old Steeple Road		Transaction ID: 10809/22/2006KCK001
City State Zip Code Hartland WI 53029-8533	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Procurement Svs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Keith C Koppornolle		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address N49W31057 Old Steeple Road		Transaction ID: 10809/08/2006KCK001
City State Zip Code Hartland WI 53029-8533	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Procurement Svs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Heidi J Krumenauer		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 1711 Johnson Street		Transaction ID: 10809/22/2006HJK001
City State Zip Code Stoughton WI 53589-1154	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Political Action Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Heidi J Krumenauer

Mailing Address 1711 Johnson Street

City State Zip Code
Stoughton WI 53589-1154

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

Name of Employer American Family Insurance Group
Occupation Political Action Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 10809/08/2006HJK001

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Rick L La Veer

Mailing Address 10203 Sage Creek Drive

City State Zip Code
Galena OH 43021-8527

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

Name of Employer American Family Insurance Group
Occupation Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
628.88

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006RLL014

Amount of Each Receipt this Period
35.69

C. Full Name (Last, First, Middle Initial)
Rick L La Veer

Mailing Address 10203 Sage Creek Drive

City State Zip Code
Galena OH 43021-8527

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

Name of Employer American Family Insurance Group
Occupation Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
628.88

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 10809/08/2006RLL014

Amount of Each Receipt this Period
35.69

SUBTOTAL of Receipts This Page (optional)	86.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Linda L Laurich		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2 Thornhill Circle		Transaction ID: 10809/22/2006LLL003	
City Madison	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53717-1095		Transaction ID: 10809/22/2006LLL003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00	
Name of Employer American Family Insurance Group	Occupation State Govt Affairs Director	Aggregate Year-to-Date 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 270.00	

Full Name (Last, First, Middle Initial) B. Linda L Laurich		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 2 Thornhill Circle		Transaction ID: 10809/08/2006LLL003	
City Madison	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53717-1095		Transaction ID: 10809/08/2006LLL003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00	
Name of Employer American Family Insurance Group	Occupation State Govt Affairs Director	Aggregate Year-to-Date 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 270.00	

Full Name (Last, First, Middle Initial) C. Sheila M Link		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1391 Butterfly Lane		Transaction ID: 10809/22/2006SML038	
City Jordan	State MN	Amount of Each Receipt this Period 15.00	
Zip Code 55352-8308		Transaction ID: 10809/22/2006SML038	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00	
Name of Employer American Family Insurance Group	Occupation Sales Director	Aggregate Year-to-Date 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 270.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Sheila M Link		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 1391 Butterfly Lane		Transaction ID: 10809/08/2006SML038
City State Zip Code Jordan MN 55352-8308	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Michael J Lubahn		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 810 Player Dr. N		Transaction ID: 10809/15/2006MJL003
City State Zip Code Keizer OR 97303-7467	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation District Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Thomas R McClelland		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 2009 Alexandria Drive		Transaction ID: 10809/22/2006TRM001
City State Zip Code Greenfield IN 46140-8403	Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Reg Office Admin Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional) ▶	52.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Thomas R McClelland

Mailing Address 2009 Alexandria Drive

City State Zip Code
Greenfield IN 46140-8403

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

Name of Employer American Family Insurance Group
Occupation Reg Office Admin Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 10809/08/2006TRM001

Amount of Each Receipt this Period
12.00

B. Full Name (Last, First, Middle Initial)
Sandra K Merrill

Mailing Address 7558 N Outlook Lane

City State Zip Code
Prescott Valley AZ 86314-4590

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: 10809/15/2006SKM024

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Alan E Meyer

Mailing Address 8818 Royal Oaks Drive

City State Zip Code
Verona WI 53593-7954

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
514.63

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 10809/22/2006ALM101

Amount of Each Receipt this Period
31.08

SUBTOTAL of Receipts This Page (optional)	68.08
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Alan E Meyer		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 8818 Royal Oaks Drive		Transaction ID: 10809/08/2006ALM101
City Verona	State WI	Zip Code 53593-7954
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.08
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 514.63	

Full Name (Last, First, Middle Initial) B. Darnell Moore		Date of Receipt MM / DD / YYYY 09 / 22 / 2006
Mailing Address 6401 Offshore Drive Apt. 400		Transaction ID: 10809/22/2006DAM004
City Madison	State WI	Zip Code 53705-4392
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.77
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.30	

Full Name (Last, First, Middle Initial) C. Darnell Moore		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 6401 Offshore Drive Apt. 400		Transaction ID: 10809/08/2006DAM004
City Madison	State WI	Zip Code 53705-4392
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.77
Name of Employer American Family Insurance Group	Occupation Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.30	

SUBTOTAL of Receipts This Page (optional)	▶	100.62
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Vanessa P Mosley		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 502 Woodside Terrace		Transaction ID: 10809/22/2006VAP001	
City State Zip Code Madison WI 53711-1429	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Consumer Affairs Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Vanessa P Mosley		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 502 Woodside Terrace		Transaction ID: 10809/08/2006VAP001	
City State Zip Code Madison WI 53711-1429	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Consumer Affairs Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. John H Pelto		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2704 S Elmwood Avenue		Transaction ID: 10809/22/2006JHP001	
City State Zip Code Sioux Falls SD 57105-4342	Amount of Each Receipt this Period 13.33		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Branch Claim Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.94		

SUBTOTAL of Receipts This Page (optional) ▶	43.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. John H Peltó		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 2704 S Elmwood Avenue		Transaction ID: 10809/08/2006JHP001	
City State Zip Code Sioux Falls SD 57105-4342	Amount of Each Receipt this Period 13.33		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Branch Claim Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.94		

Full Name (Last, First, Middle Initial) B. Harvey R Pierce		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1342 Boundary Road		Transaction ID: 10809/22/2006HRP001	
City State Zip Code Middleton WI 53562-3842	Amount of Each Receipt this Period 87.31		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chairman Chief Exec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1623.76		

Full Name (Last, First, Middle Initial) C. Harvey R Pierce		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1342 Boundary Road		Transaction ID: 10809/08/2006HRP001	
City State Zip Code Middleton WI 53562-3842	Amount of Each Receipt this Period 87.31		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chairman Chief Exec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1623.76		

SUBTOTAL of Receipts This Page (optional) ▶	187.95
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jerry G Rekowski		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1993 Skyline Drive		Transaction ID: 10809/22/2006JGR001	
City State Zip Code Stoughton WI 53589-3253	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Commercial F/R VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.32		

Full Name (Last, First, Middle Initial) B. Jerry G Rekowski		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1993 Skyline Drive		Transaction ID: 10809/08/2006JGR001	
City State Zip Code Stoughton WI 53589-3253	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Commercial F/R VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.32		

Full Name (Last, First, Middle Initial) C. Richard D Robinson		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2587 Oak View Court		Transaction ID: 10809/22/2006RDR006	
City State Zip Code Fitchburg WI 53711-1686	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Multicul Mkt/Fid De Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	51.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Richard D Robinson		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 2587 Oak View Court		Transaction ID: 10809/08/2006RDR006	
City State Zip Code Fitchburg WI 53711-1686	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Multicul Mkt/Fld De Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Warren Y Robinson		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 7710 Carondelet Avenue Suite 304		Transaction ID: 10809/15/2006WYR002	
City State Zip Code Clayton MO 63105-3319	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Susan M Roesler		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 7908 Wall Street		Transaction ID: 10809/22/2006SLR043	
City State Zip Code Schofield WI 54476-5155	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Comml F/R Clm Ops Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Susan M Roesler		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 7908 Wall Street		Transaction ID: 10809/08/2006SLR043	
City State Zip Code Schofield WI 54476-5155	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Comml F/R Clm Ops Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Vince L Salvione		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 21644 N 9th Avenue Suite 106		Transaction ID: 10809/15/2006VLS014	
City State Zip Code Phoenix AZ 85027-2824	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Jack C Salzwedel		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 5570 Surrey Lane		Transaction ID: 10809/22/2006JCS102	
City State Zip Code Waunakee WI 53597-8705	Amount of Each Receipt this Period 35.77		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation President Elect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.57		

SUBTOTAL of Receipts This Page (optional) ▶	80.77
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jack C Salzwedel		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 5570 Surrey Lane		Transaction ID: 10809/08/2006JCS102	
City State Zip Code Waunakee WI 53597-8705	Amount of Each Receipt this Period 35.77		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation President Elect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.57		

Full Name (Last, First, Middle Initial) B. Daniel R Schultz		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 5211 Tonyawatha Trail		Transaction ID: 10809/22/2006DRS003	
City State Zip Code Monona WI 53716-2918	Amount of Each Receipt this Period 24.85		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chief Financial Ofcr/Trsr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.82		

Full Name (Last, First, Middle Initial) C. Daniel R Schultz		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 5211 Tonyawatha Trail		Transaction ID: 10809/08/2006DRS003	
City State Zip Code Monona WI 53716-2918	Amount of Each Receipt this Period 24.85		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Chief Financial Ofcr/Trsr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.82		

SUBTOTAL of Receipts This Page (optional) ▶	85.47
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Christopher S Spencer		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 139 Lakewood Boulevard		Transaction ID: 10809/22/2006CSS002	
City State Zip Code Madison WI 53704-5913	Amount of Each Receipt this Period 17.38		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Legal VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.16		

Full Name (Last, First, Middle Initial) B. Christopher S Spencer		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 139 Lakewood Boulevard		Transaction ID: 10809/08/2006CSS002	
City State Zip Code Madison WI 53704-5913	Amount of Each Receipt this Period 17.38		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Legal VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.16		

Full Name (Last, First, Middle Initial) C. Tony M Stark		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 717 Andover Road		Transaction ID: 10809/15/2006TMS052	
City State Zip Code Andover KS 67002	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation District Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	64.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Richard M Steffen		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 1305 Lawton Court		Transaction ID: 10809/22/2006RMS010	
City Waunakee	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53597-2643			
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Richard M Steffen		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6	
Mailing Address 1305 Lawton Court		Transaction ID: 10809/08/2006RMS010	
City Waunakee	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53597-2643			
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Sales VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Terese A Taarud		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 1614 Blue Ridge Trail		Transaction ID: 10809/22/2006TAT001	
City Waunakee	State WI	Amount of Each Receipt this Period 22.62	
Zip Code 53597-2301			
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Claim VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.52		

SUBTOTAL of Receipts This Page (optional) ▶	72.62
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Terese A Taarud		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1614 Blue Ridge Trail		Transaction ID: 10809/08/2006TAT001	
City State Zip Code Waunakee WI 53597-2301	Amount of Each Receipt this Period 22.62		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Claim VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.52		

Full Name (Last, First, Middle Initial) B. Mary R Vertacic		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 3081 Rebel Drive		Transaction ID: 10809/22/2006MRV004	
City State Zip Code Sun Prairie WI 53590-4262	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Strategic Comms Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Mary R Vertacic		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 3081 Rebel Drive		Transaction ID: 10809/08/2006MRV004	
City State Zip Code Sun Prairie WI 53590-4262	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Family Insurance Group	Occupation Strategic Comms Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	52.62
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 41
	<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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Timothy A Yarbrough		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 15546 Brookview Trail		Transaction ID: 10809/15/2006TAY001
City State Zip Code Findlay OH 45840-8882	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation District Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Joseph J Zwettler		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
Mailing Address 906 Sunset Bay		Transaction ID: 10809/22/2006JJZ001
City State Zip Code Waunakee WI 53597-2801	Amount of Each Receipt this Period 19.46	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Personal Lines VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.98	

Full Name (Last, First, Middle Initial) C. Joseph J Zwettler		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006
Mailing Address 906 Sunset Bay		Transaction ID: 10809/08/2006JJZ001
City State Zip Code Waunakee WI 53597-2801	Amount of Each Receipt this Period 19.46	
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Personal Lines VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.98	

SUBTOTAL of Receipts This Page (optional) ▶	68.92
TOTAL This Period (last page this line number only) ▶	2308.41

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)

PAGE 37 / 41

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

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NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

<p>A. Full Name (Last, First, Middle Initial) Ben Nelson for U.S. Senate Committee</p> <p>Mailing Address 420 C. Street; NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Nelson Ben</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 1902520609185301997</p> <p>Date of Disbursement 09 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Chris Chocola for Congress Inc</p> <p>Mailing Address PO Box 6728</p> <p>City South Bend State IN Zip Code 46660</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Chocola Chris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 7291340609083659893</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati-Dayton Rd. Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Boehner John</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 1898700609293243182</p> <p>Date of Disbursement 09 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial) A. Friends of John Thune		Transaction ID: 8342880609083569550 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 224 North Phillips Avenue Ste. 210		Amount of Each Disbursement this Period 1000.00
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement 2010 Primary	
Candidate Name Thune John	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 00		

Full Name (Last, First, Middle Initial) B. Friends of Rahm Emanuel		Transaction ID: 8274230609083409231 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 101124		Amount of Each Disbursement this Period 1000.00
City State Zip Code Chicago IL 60610	Purpose of Disbursement 2006 General	
Candidate Name Emanuel Rahm	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 05		

Full Name (Last, First, Middle Initial) C. Graves for Congress		Transaction ID: 2083790609013537264 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 2345 Grand Suite 2400		Amount of Each Disbursement this Period 1000.00
City State Zip Code Kansas City MO 64108	Purpose of Disbursement 2006 General	
Candidate Name Graves Samuel	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 06		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 41

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

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

A. Full Name (Last, First, Middle Initial) Herseth for Congress		Transaction ID: 7095040609083643195 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement 2006 General Candidate Name Herseth Stephanie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01	
B. Full Name (Last, First, Middle Initial) JD Hayworth for Congress		Transaction ID: 5149500609083636420 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement 2006 General Candidate Name Hayworth J. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 05	
C. Full Name (Last, First, Middle Initial) Jerry Weller for Congress Inc.		Transaction ID: 7445100609083664595 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 2368		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60434	Purpose of Disbursement 2006 General Candidate Name Weller Gerald Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Judy Biggert for Congress</p> <p>Mailing Address PO Box 637</p> <p>City Hinsdale State IL Zip Code 60522</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Biggert Judy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 1036450609083574484</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Lot of People for Dave Obey</p> <p>Mailing Address 525 Washington Street PO Box 1322</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Obey David</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 3690590609083652664</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Tiberi Pat</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 7118400609083591541</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 41

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

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NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial)

A. Todd Akin for Congress

Mailing Address PO Box 31222

City St. Louis State MO Zip Code 63131

Purpose of Disbursement
2006 General

Candidate Name
Akin Todd

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MO District: 02

Transaction ID: 5523880609013531470

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Whalen for Congress

Mailing Address PO Box 750

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement
2006 General

Candidate Name
Whalen Michael

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IA District: 01

Transaction ID: 7192990609083585925

Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

15500.00