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2000 NOV -7 A 10:17

November 6, 2000

Public Records Office
Federal Elections Commissions
999 E. Street N.W.
Washington, D.C. 20463

Gentlemen:

Alliance of American Insurers
Political Action Committee
FEC I.D. C00131045

Enclosed is our report covering the period October 19, through November 03, 2000.

If you have any questions please contact me at the address listed on this letterhead.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Dudzinski".

Marilyn Dudzinski
Finance Dept.

Enclosure
L-md-fec1018

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Alliance of American Insurers Political Action Committee	2. FEC IDENTIFICATION NUMBER C000131045
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3025 Highland Parkway Suite 800	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Downers Grove, IL 60515	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the Federal (Type of Election)
 election on 11/07/00 in the State of IL
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/03/00</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 1,202.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,625.44	
(c) Total Receipts (from Line 12)	\$.00	\$ 16,673.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,625.44	\$ 17,875.44
7. Total Disbursements (from Line 30)	\$ 6,500.00	\$ 15,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,125.44	\$ 2,125.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	

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

Gregory W. Heidrich

Signature of Treasurer

Gregory W. Heidrich

Date

11/6/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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FEC FORM 3X

(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 8X**

(revised 1/1/91)

NAME OF COMMITTEE <i>Alliance of American Insurers Political Action Committee</i>	REPORT COVERING PERIOD		
	FROM	TO	
	10/19/00	11/03/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	.00	.00	11(d)(1)
ii. Unitemized	.00	6,673.44	11(d)(2)
iii. Total (add i and ii) >	.00	6,673.44	11(d)(3)
b. Political Party Committees	.00	.00	11(e)
c. Other Political Committees (such as PACs)	.00	10,000.00	11(f)
d. Total Contributions (add i, b and c) >	.00	16,673.44	11(g)
12. Transfers From Affiliated/Other Party Committees	.00	.00	12
13. All Loans Received	.00	.00	13
14. Loan Repayments Received	.00	.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.00	.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	.00	.00	17
18. Transfers from Nonfederal Account for Joint Activity	.00	.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	.00	16,673.44	19
20. Total Federal Receipts (subtract line 18 from line 19) >	.00	16,673.44	20
B. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	.00	.00	21(a)(1)
ii. Non-Federal Share	.00	.00	21(a)(2)
b. Other Federal Operating Expenditures	.00	.00	21(b)
c. Total Operating Expenditures (add a i, ii, and b) >	.00	.00	21(c)
22. Transfers to Affiliated/Other Party Committees	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	15,750.00	23
24. Independent Expenditures (use Schedule E)	.00	.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	.00	.00	25
26. Loan Repayments Made	.00	.00	26
27. Loans Made	.00	.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	.00	.00	28(a)
b. Political Party Committees	.00	.00	28(b)
c. Other Political Committees (such as PACs)	.00	.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	.00	.00	28(d)
29. Other Disbursements	.00	.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,500.00	15,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,500.00	15,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	.00	16,673.44	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	.00	16,673.44	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	.00	.00	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	.00	.00	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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)

Alliance of American Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bush-Cheney Compliance Committee P. O. Box 13366 Austin, TX 38711	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code The Republican Party of Iowa 521 E. Locust Street #200 Des Moines, IA 50309	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code John Sharpless for U. S. Congress P. O. Box 260050 Madison, WI 53726	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	\$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$6,500.00
TOTAL This Period (last page this line number only)	\$6,500.00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-7-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMB</i> PREPARER	<i>11-7-00</i> DATE PREPARED