

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Family Mutual Insurance Company, S.I. 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00354290 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period [05] / [01] / [2018] through [05] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Fanshaw, Lee, , ,
Type or Print Name of Treasurer

Signature of Treasurer Fanshaw, Lee, , , [Electronically Filed] Date [06] / [19] / [2018]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="7272.61"/>	<input type="text" value="7272.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8865.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7176.10"/>	<input type="text" value="35269.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="16041.61"/>	<input type="text" value="42541.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="34500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8041.61"/>	<input type="text" value="8041.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3714.38	10211.35
(ii) Unitemized	3461.72	25057.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7176.10	35269.00
(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)	7176.10	35269.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7176.10	35269.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7176.10	35269.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	8000.00	34500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8000.00	34500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	34500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7176.10	35269.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7176.10	35269.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

A. Afable, Mark, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Carrington Dr
 City Sun Prairie State WI Zip Code 53590-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-145
 Amount of Each Receipt this Period
 34.92
 Memo Item

B. Afable, Mark, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Carrington Dr
 City Sun Prairie State WI Zip Code 53590-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-145
 Amount of Each Receipt this Period
 34.92
 Memo Item

C. Benusa, Gerry, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1227 Bongard Dr
 City Waunakee State WI Zip Code 53597-2657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Sales Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-254
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	119.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

A. Benusa, Gerry, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1227 Bongard Dr
 City Waunakee State WI Zip Code 53597-2657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Sales Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-254
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bergquist, Elizabeth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1797 Oaken Vale Rd
 City Marshall State WI Zip Code 53559-8973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Sales VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-127
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bergquist, Elizabeth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1797 Oaken Vale Rd
 City Marshall State WI Zip Code 53559-8973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Sales VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-127
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Constien, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 Craig Ln
 City Sun Prairie State WI Zip Code 53590-8816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) PL Claims VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.80

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-241
 Amount of Each Receipt this Period 26.48
 Memo Item

B. Constien, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 Craig Ln
 City Sun Prairie State WI Zip Code 53590-8816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) PL Claims VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.80

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-241
 Amount of Each Receipt this Period 26.48
 Memo Item

C. Cruz, Justin, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Clemons Ave
 City Madison State WI Zip Code 53704-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Strat Data&Anytcs VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 262.30

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-139
 Amount of Each Receipt this Period 26.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Cruz, Justin, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Clemons Ave
 City Madison State WI Zip Code 53704-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Strat Data&Anytcs VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.30

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-139
 Amount of Each Receipt this Period 26.23
 Memo Item

B. Embray, Janet, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5821 NW 103rd St
 City Kansas City State MO Zip Code 64154-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Sls & Service Ops VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-132
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Embray, Janet, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5821 NW 103rd St
 City Kansas City State MO Zip Code 64154-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Sls & Service Ops VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-132
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.23
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Fancher, William, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5849 Cobblestone Ln

City Waunakee	State WI	Zip Code 53597-8725
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Chief Digital Trnsfrmtn Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : 2018050220214-136

Amount of Each Receipt this Period
30.00

Memo Item

B. Fancher, William, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5849 Cobblestone Ln

City Waunakee	State WI	Zip Code 53597-8725
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Chief Digital Trnsfrmtn Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2018

Transaction ID : 2018051620253-136

Amount of Each Receipt this Period
30.00

Memo Item

C. Fanshaw, Lee, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1062 Stonehaven Dr

City Sun Prairie	State WI	Zip Code 53590-8923
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Federal Govt Affair Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : 2018050220214-192

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Fanshaw, Lee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1062 Stonehaven Dr
 City Sun Prairie State WI Zip Code 53590-8923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Federal Govt Affair Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-193
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Gates, Joseph, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2107 Kilkenny Trl
 City Waunakee State WI Zip Code 53597-2376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-96
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Gates, Joseph, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2107 Kilkenny Trl
 City Waunakee State WI Zip Code 53597-2376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-96
 Amount of Each Receipt this Period
 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Geraci, Sebastian, J, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1628 Bellewood Dr
 City Waunakee State WI Zip Code 53597-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Strategy VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.30

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-141
 Amount of Each Receipt this Period 27.03
 Memo Item

B. Geraci, Sebastian, J, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1628 Bellewood Dr
 City Waunakee State WI Zip Code 53597-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Strategy VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.30

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-141
 Amount of Each Receipt this Period 27.03
 Memo Item

c. Gilb, Carolyn, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37007 N Boulder View Dr
 City Scottsdale State AZ Zip Code 85262-3916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-7
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	79.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Gilb, Carolyn, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37007 N Boulder View Dr
 City Scottsdale State AZ Zip Code 85262-3916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-7
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Greiter, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 496 Prairie Way Blvd
 City Verona State WI Zip Code 53593-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Affiliate Services Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-88
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Greiter, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 496 Prairie Way Blvd
 City Verona State WI Zip Code 53593-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Affiliate Services Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-88
 Amount of Each Receipt this Period
 25.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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, S.I. Federal PAC (AMFAM PAC)

A. Gunder, Peter, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 Nina Ln
 City Middleton State WI Zip Code 53562-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Bus Develop Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-143
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Gunder, Peter, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 Nina Ln
 City Middleton State WI Zip Code 53562-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Bus Develop Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-143
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Hamilton, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 974 Duncannon Way
 City Sun Prairie State WI Zip Code 53590-3768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Customer Experience VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-119
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Hamilton, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 974 Duncannon Way
 City Sun Prairie State WI Zip Code 53590-3768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Customer Experience VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-119
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Holman, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3496 Leflore Ct
 City Verona State WI Zip Code 53593-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Strategy Ofc/Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-259
 Amount of Each Receipt this Period
 35.42
 Memo Item

C. Holman, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3496 Leflore Ct
 City Verona State WI Zip Code 53593-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Strategy Ofc/Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 354.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-259
 Amount of Each Receipt this Period
 35.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Johnson, Wayne, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46164 Little Pine Loop
 City Perham State MN Zip Code 56573-8141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-337
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Johnson, Wayne, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46164 Little Pine Loop
 City Perham State MN Zip Code 56573-8141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-337
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kearns, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 4th St
 City Waunakee State WI Zip Code 53597-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Product Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-273
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Kearns, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 4th St
 City Waunakee State WI Zip Code 53597-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-273
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kelly, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 Riverview Ct
 City Deforest State WI Zip Code 53532-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Financial Ofcr/Trsr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-81
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kelly, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 Riverview Ct
 City Deforest State WI Zip Code 53532-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Financial Ofcr/Trsr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-81
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Kirkconnell, Kristin, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5591 Polo Rdg
 City Waunakee State WI Zip Code 53597-8701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-261
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Kirkconnell, Kristin, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5591 Polo Rdg
 City Waunakee State WI Zip Code 53597-8701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-261
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Kittoe, Jan, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 N Ridge Dr
 City Waunakee State WI Zip Code 53597-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Ignite Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-89
 Amount of Each Receipt this Period
 25.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Kittoe, Jan, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 N Ridge Dr
 City Waunakee State WI Zip Code 53597-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Ignite Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-89
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Listau, Christopher, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Cobblestone Ln
 City Waunakee State WI Zip Code 53597-8725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Commercial F/R President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 558.30

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-34
 Amount of Each Receipt this Period 55.83
 Memo Item

C. Listau, Christopher, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Cobblestone Ln
 City Waunakee State WI Zip Code 53597-8725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Commercial F/R President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 558.30

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-34
 Amount of Each Receipt this Period 55.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	136.66
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Malin, Cathie, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Vilas Hibbard Pkwy

City Lodi	State WI	Zip Code 53555-1361
--------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Infrastructure Plng & Eng Dir
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : 2018050220214-292

Amount of Each Receipt this Period
25.00

Memo Item

B. Malin, Cathie, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Vilas Hibbard Pkwy

City Lodi	State WI	Zip Code 53555-1361
--------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Infrastructure Plng & Eng Dir
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2018

Transaction ID : 2018051620253-292

Amount of Each Receipt this Period
25.00

Memo Item

C. Martin, Ross, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 N Westmount Dr

City Sun Prairie	State WI	Zip Code 53590-4243
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) State Product Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : 2018050220214-266

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Martin, Ross, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 N Westmount Dr
 City Sun Prairie State WI Zip Code 53590-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-266
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Muth, Kenneth, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W9122 Overlook Ct
 City Cambridge State WI Zip Code 53523-9050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Media Relations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-171
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Muth, Kenneth, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W9122 Overlook Ct
 City Cambridge State WI Zip Code 53523-9050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Media Relations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-171
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Nudelman, Dmitriy, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N2317 Forest Run
 City Summit State WI Zip Code 53066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-14
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Nudelman, Dmitriy, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N2317 Forest Run
 City Summit State WI Zip Code 53066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) State Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-14
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pinzon, Cesar, A, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 Scoil Ct
 City Waunakee State WI Zip Code 53597-2382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Sales VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-133
 Amount of Each Receipt this Period 45.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Pinzon, Cesar, A, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2201 Scoil Ct

City Waunakee	State WI	Zip Code 53597-2382
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Agency Sales VP
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2018

Transaction ID : 2018051620253-133

Amount of Each Receipt this Period
45.00

Memo Item

B. Preston, Jeffrey, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3132 Castleton Xing

City Sun Prairie	State WI	Zip Code 53590-8800
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Reinsurance VP
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2018

Transaction ID : 2018050220214-98

Amount of Each Receipt this Period
75.00

Memo Item

C. Preston, Jeffrey, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3132 Castleton Xing

City Sun Prairie	State WI	Zip Code 53590-8800
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) Reinsurance VP
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2018

Transaction ID : 2018051620253-98

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

A. Quesnel, Robert, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1132 Ireland Dr
 City Waunakee State WI Zip Code 53597-9296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Marketing VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-121
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Quesnel, Robert, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1132 Ireland Dr
 City Waunakee State WI Zip Code 53597-9296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Marketing VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-121
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Riggs, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 18th St NW Unit 2327
 City Atlanta State GA Zip Code 30363-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Sales VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-131
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

A. Riggs, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 18th St NW
 Unit 2327
 City Atlanta State GA Zip Code 30363-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Agency Sales VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-131
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rupert, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6501 Forest Park Dr
 City Deforest State WI Zip Code 53532-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) IT Security VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.30

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-106
 Amount of Each Receipt this Period 23.33
 Memo Item

C. Rupert, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6501 Forest Park Dr
 City Deforest State WI Zip Code 53532-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) IT Security VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.30

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-106
 Amount of Each Receipt this Period 23.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Salzwedel, Jack, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5117 Saint Cyr Rd
 City Middleton State WI Zip Code 53562-2457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chairman and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-79
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Salzwedel, Jack, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5117 Saint Cyr Rd
 City Middleton State WI Zip Code 53562-2457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chairman and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-79
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Schemmel, Judd, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7614 Sawmill Rd
 City Madison State WI Zip Code 53717-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Community Invest Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-174
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	441.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Schemmel, Judd, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7614 Sawmill Rd
 City Madison State WI Zip Code 53717-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Community Invest Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-174
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Seymour, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5221 Tonyawatha Trl
 City Monona State WI Zip Code 53716-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Govt Affairs & Compliance VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-114
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Seymour, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5221 Tonyawatha Trl
 City Monona State WI Zip Code 53716-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Govt Affairs & Compliance VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-114
 Amount of Each Receipt this Period 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<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, S.I. Federal PAC (AMFAM PAC)

A. Stauffacher, Jessica, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Savannah Pkwy
 City Deerfield State WI Zip Code 53531-9363
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) AmFam Agency Chf Op Ofr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-256
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Stauffacher, Jessica, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Savannah Pkwy
 City Deerfield State WI Zip Code 53531-9363
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) AmFam Agency Chf Op Ofr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-256
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Steffen, Richard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5864 Cobblestone Ln
 City Waunakee State WI Zip Code 53597-8725
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Life President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-35
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Steffen, Richard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5864 Cobblestone Ln
 City Waunakee State WI Zip Code 53597-8725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Life President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-35
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Theilen, Mary, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Vista Cir
 City Columbus State WI Zip Code 53925-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Personal Lines President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.80

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-37
 Amount of Each Receipt this Period 27.08
 Memo Item

C. Theilen, Mary, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Vista Cir
 City Columbus State WI Zip Code 53925-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Personal Lines President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.80

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-37
 Amount of Each Receipt this Period 27.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Tjugum, Steven, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 S Hamilton St
 Apt 802
 City Madison State WI Zip Code 53703-4415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Sales Strat & Suppt VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-129
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Tjugum, Steven, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 S Hamilton St
 Apt 802
 City Madison State WI Zip Code 53703-4415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Sales Strat & Suppt VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2018
Transaction ID : 2018051620253-129
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Upadhyay, Nishant, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3095 W Main St
 City Sun Prairie State WI Zip Code 53590-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Info & Data Mgmt VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 2018050220214-110
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Upadhyay, Nishant, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3095 W Main St
 City Sun Prairie State WI Zip Code 53590-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Info & Data Mgmt VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-110
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Van Beek, Troy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 Guinness St
 City Waunakee State WI Zip Code 53597-8945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Finance VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.70

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-94
 Amount of Each Receipt this Period 23.37
 Memo Item

C. Van Beek, Troy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 Guinness St
 City Waunakee State WI Zip Code 53597-8945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Finance VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.70

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-94
 Amount of Each Receipt this Period 23.37
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 37
<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, S.I. Federal PAC (AMFAM PAC)

A. Westrate, William, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3099 Lymans Run
 City Sun Prairie State WI Zip Code 53590-9828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-83
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Westrate, William, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3099 Lymans Run
 City Sun Prairie State WI Zip Code 53590-9828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 18 / 2018**
Transaction ID : 2018051620253-83
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Woods, Julie, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Summerhill Ct
 City Saint Joseph State MO Zip Code 64507-9677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Regional Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 04 / 2018**
Transaction ID : 2018050220214-240
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

A. Woods, Julie, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Summerhill Ct
 City Saint Joseph State MO Zip Code 64507-9677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Regional Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-240
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Yancy, Telisa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8502 Old Sauk Rd Apt 302
 City Middleton State WI Zip Code 53562-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 2018050220214-258
 Amount of Each Receipt this Period
 29.17
 Memo Item

C. Yancy, Telisa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8502 Old Sauk Rd Apt 302
 City Middleton State WI Zip Code 53562-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Family Insurance Group Occupation (for Individual) Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 2018051620253-258
 Amount of Each Receipt this Period
 29.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

A. Ziegler, Neil, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 S Meadowbrook Ln

City Waunakee	State WI	Zip Code 53597-2838
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) CF/R Underwriting Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : 2018050220214-73

Amount of Each Receipt this Period
25.00

Memo Item

B. Ziegler, Neil, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 S Meadowbrook Ln

City Waunakee	State WI	Zip Code 53597-2838
------------------	-------------	------------------------

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

Name of Employer (for Individual) American Family Insurance Group	Occupation (for Individual) CF/R Underwriting Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2018

Transaction ID : 2018051620253-73

Amount of Each Receipt this Period
25.00

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	3714.38

**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"/> 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, S.I. Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial)

A. Blaine For Congress

Mailing Address PO Box 98

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Luetkemeyer, W. Blaine, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00458679

Transaction ID : E27B87C620I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Party Of Wisconsin

Mailing Address 15 N. Pinckney St.
Suite 200

City
Madison

State
WI

Zip Code
53703

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Democratic Party Of Wisconsin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2018

FEC Identification Number

C C00019331

Transaction ID : 83E41772A25

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Duffy For Wisconsin

Mailing Address PO Box 538

City
Wausau

State
WI

Zip Code
54402-0538

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Duffy, Sean, Patrick, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2018

FEC Identification Number

C C00464339

Transaction ID : AE4113B5D4

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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, S.I. Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial)

A. Keeping Republican Ideas Strong Timely & Inventive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	8

Mailing Address PO Box 312

FEC Identification Number

C C00493809

Transaction ID : E49B08C770

Amount of Each Disbursement this Period

1000.00

Memo Item

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Keeping Republican Ideas Strong Timely & Inventive

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	8

Mailing Address 205 5Th Avenue S
Room 411

FEC Identification Number

C C00312017

Transaction ID : 45A01CBC78I

Amount of Each Disbursement this Period

1000.00

Memo Item

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Kind, Ronald, James, ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 03

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--Mc PAC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	8

Mailing Address PO Box 10134

FEC Identification Number

C C00428052

Transaction ID : E2812B8B43

Amount of Each Disbursement this Period

1000.00

Memo Item

City
Bakersfield

State
CA

Zip Code
93389-0134

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Majority Committee PAC--Mc PAC

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

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"/> 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, S.I. Federal PAC (AMFAM PAC)

Full Name (Last, First, Middle Initial)

A. People's Voice PAC

Mailing Address PO Box 685

City
Madison

State
WI

Zip Code
54850

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

People's Voice PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2018

FEC Identification Number

C C00410092

Transaction ID : 8EA062E621/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sensenbrenner Committee

Mailing Address PO Box 575

City
Brookfield

State
WI

Zip Code
53008

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Sensenbrenner, F. James, , , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2018

FEC Identification Number

C C00083428

Transaction ID : 9DD3A5157D/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

8000.00