

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Insurance Association Political Action Committee

ADDRESS (number and street) 1130 Connecticut Avenue NW  
Suite 1000  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00103143  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 09 01 2007 through 09 30 2007

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 Mrs. Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Mrs. Leigh Ann Pusey Date 11 08 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Insurance Association Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		19465.16
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	9899.70									
(c) Total Receipts (from Line 19) .....	5257.04	59181.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15156.74	78646.24								
7. Total Disbursements (from Line 31) .....	3555.00	67044.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11601.74	11601.74								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Insurance Association Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	4973.38	29414.08
(i) Itemized (use Schedule A) .....	282.50	4755.65
(ii) Unitemized .....	5255.88	34169.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	25000.00
(c) Other Political Committees (such as PACs) .....	5255.88	59169.73
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.) .....	1.16	11.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5257.04	59181.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5257.04	59181.08

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	1045.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5.00	1045.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3550.00	65999.50
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3555.00	67044.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3555.00	67044.50

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5255.88	59169.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5255.88	59169.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	1045.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5.00	1045.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Albert Annexstad		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007
Mailing Address 669 Woodhill Place		<b>Transaction ID:</b> d7994a6ed118dbc4b4e
City Owatonna	State MN	Zip Code 55060
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Federated Mutual Insurance Company	Occupation Chairman, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Fred Bosse		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 28224 Equestrian		<b>Transaction ID:</b> 20070911--48
City Fair Oaks Ranch	State TX	Zip Code 78015-4655
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 36.97	
Name of Employer American Insurance Association	Occupation Vice President, Southwest Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.49	

Full Name (Last, First, Middle Initial) <b>C.</b> Fred Bosse		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 28224 Equestrian		<b>Transaction ID:</b> 20070928--21
City Fair Oaks Ranch	State TX	Zip Code 78015-4655
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 36.97	
Name of Employer American Insurance Association	Occupation Vice President, Southwest Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.49	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>573.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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 Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sarah Buxton</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 4000 Glenwood Ave.		<b>Transaction ID:</b> 0f0d20833a5f465085c
City State Zip Code Golden Valley MN 55422	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Federated Insurance Occupation Executive Vice President - Insurance O		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Cantor</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007
Mailing Address 207A Constitution Ave NE		<b>Transaction ID:</b> 20070911--51
City State Zip Code Washington DC 20002-7307	Amount of Each Receipt this Period 76.01	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association Occupation Vice President, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1513.42	

Full Name (Last, First, Middle Initial) <b>C. Andrew Cantor</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 207A Constitution Ave NE		<b>Transaction ID:</b> 20070928--24
City State Zip Code Washington DC 20002-7307	Amount of Each Receipt this Period 76.01	
FEC ID number of contributing federal political committee. C		
Name of Employer American Insurance Association Occupation Vice President, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1513.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	552.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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 Insurance Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Droher		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1305 Ridge Road		<b>Transaction ID:</b> df10a782fbc5de7582e	
City Owatonna	State MN	Zip Code 55060-1995	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Federated Insurance	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Fetters		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1485 Pinetree Pass		<b>Transaction ID:</b> d6a171e2062b85b5eaf	
City Eagan	State MN	Zip Code 55122	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Federated Insurance	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Gary Henning		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 14 Cambridge Rd		<b>Transaction ID:</b> 20070911--44	
City Albany	State NY	Zip Code 12203-3002	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	820.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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 Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gary Henning</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 14 Cambridge Rd		<b>Transaction ID: 20070928--17</b>	
City Albany	State NY	Amount of Each Receipt this Period 20.00	
Zip Code 12203-3002			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. Steven Judd</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 121 E. Park Square		<b>Transaction ID: 809e7594b2e0fde7761</b>	
City Owatonna	State MN	Amount of Each Receipt this Period 400.00	
Zip Code 55060			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Senior Vice President - Director of Ac		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. A. Daniel Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1465 Springwood Place		<b>Transaction ID: dd9f475906afeb1b1b3</b>	
City Owatonna	State MN	Amount of Each Receipt this Period 400.00	
Zip Code 55060			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Executive Vice President - Insurance O		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	820.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<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 Insurance Association Political Action Committee

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

Mailing Address 7700 Penelope Circle

City State Zip Code  
Austin TX 78759-6403

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

Name of Employer American Insurance Association  
Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: 20070911--49

Amount of Each Receipt this Period  
11.28

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

Mailing Address 7700 Penelope Circle

City State Zip Code  
Austin TX 78759-6403

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

Name of Employer American Insurance Association  
Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2007

Transaction ID: 20070928--22

Amount of Each Receipt this Period  
11.28

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

Mailing Address 175 Berkley Street

City State Zip Code  
Boston MA 02116-5066

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

Name of Employer American Insurance Association  
Occupation Vice President - NE Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: 20070911--45

Amount of Each Receipt this Period  
12.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. John Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 175 Berkley Street		<b>Transaction ID: 20070928--18</b>	
City State Zip Code Boston MA 02116-5066	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Vice President - NE Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Cecil Pearce</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 13686		<b>Transaction ID: 20070911--47</b>	
City State Zip Code Tallahassee FL 32317-3686	Amount of Each Receipt this Period 38.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Vice President, SE Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 758.40		

Full Name (Last, First, Middle Initial) <b>C. Cecil Pearce</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address PO Box 13686		<b>Transaction ID: 20070928--20</b>	
City State Zip Code Tallahassee FL 32317-3686	Amount of Each Receipt this Period 38.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Vice President, SE Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 758.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	88.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
American Insurance Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Leigh Ann Pusey

Mailing Address 1119 Alexandria Avenue

City State Zip Code  
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association  
Occupation Senior Vice President - Federal Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** 20070911--52

Amount of Each Receipt this Period  
192.30

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

Mailing Address 1119 Alexandria Avenue

City State Zip Code  
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association  
Occupation Senior Vice President - Federal Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** 20070928--25

Amount of Each Receipt this Period  
192.30

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

Mailing Address 2992 S Columbus St

City State Zip Code  
Arlington VA 22206-1404

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

Name of Employer American Insurance Association  
Occupation Sr. VP - Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.24

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** 20070911--28

Amount of Each Receipt this Period  
86.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>471.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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 Insurance Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Blain Rethmeier

Mailing Address 2992 S Columbus St

City State Zip Code  
Arlington VA 22206-1404

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

Name of Employer American Insurance Association  
Occupation Sr. VP - Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.24

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: 20070928--1

Amount of Each Receipt this Period  
86.54

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

Mailing Address 17683 Kingswood Circle

City State Zip Code  
Lakeville MN 55044

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

Name of Employer Federated Insurance  
Occupation Executive Vice President - Insurance O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2007

Transaction ID: a017f94824e533c6b9b

Amount of Each Receipt this Period  
400.00

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

Mailing Address 4845 Yorktown Boulevard

City State Zip Code  
Arlington VA 22207-2737

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

Name of Employer American Insurance Association  
Occupation Vice President-Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: 20070911--53

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	561.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<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 Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Melissa Shelk</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 4845 Yorktown Boulevard		<b>Transaction ID: 20070928--26</b>	
City Arlington	State VA	Zip Code 22207-2737	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Vice President-Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

Full Name (Last, First, Middle Initial) <b>B. David Snyder</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 410 Lincoln Avenue		<b>Transaction ID: 20070911--34</b>	
City Falls Church	State VA	Zip Code 22046-2618	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. David Snyder</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 410 Lincoln Avenue		<b>Transaction ID: 20070928--7</b>	
City Falls Church	State VA	Zip Code 22046-2618	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Insurance Association	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<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 Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Raymond Stawarz		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 70 Oakview Place		<b>Transaction ID:</b> 94a853b2cc388fdd5f1
City State Zip Code Owatonna MN 55060-4035	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federated Insurance	Occupation Senior Vice President - Director of Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Allan Stein		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007
Mailing Address 5513 Roosevelt Street		<b>Transaction ID:</b> 20070911--35
City State Zip Code Bethesda MD 20817-3781	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Allan Stein		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 5513 Roosevelt Street		<b>Transaction ID:</b> 20070928--8
City State Zip Code Bethesda MD 20817-3781	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<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 Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gregory Stroik</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 918 St. Andrews Place		<b>Transaction ID:</b> 13df7a4e753ee862f49	
City State Zip Code Owatonna MN 55060	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Federated Insurance	Occupation Senior Vice President - Director of In		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Steve Suschil</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 3050 Bastone Court		<b>Transaction ID:</b> 20070911--50	
City State Zip Code West Sacramento CA 95691	Amount of Each Receipt this Period 13.07		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.68		

Full Name (Last, First, Middle Initial) <b>C. Steve Suschil</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 3050 Bastone Court		<b>Transaction ID:</b> 20070928--23	
City State Zip Code West Sacramento CA 95691	Amount of Each Receipt this Period 13.07		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Insurance Association	Occupation Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	426.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

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NAME OF COMMITTEE (In Full)  
American Insurance Association Political Action Committee

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

Mailing Address 10514 James Wren Way

City State Zip Code  
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association  
Occupation Sr. Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

**Transaction ID:** 20070911--39

Amount of Each Receipt this Period  
25.00

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

Mailing Address 10514 James Wren Way

City State Zip Code  
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association  
Occupation Sr. Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

**Transaction ID:** 20070928--12

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4973.38

**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)

PAGE 18 / 19

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

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NAME OF COMMITTEE (In Full)  
American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. The Freedom Project</b>		<b>Transaction ID:</b> 75144-8996240496635 Date of Disbursement
Mailing Address 424 C Street Northeast Basement Unit		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2007 Contribution		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="011"/>
Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Johnny's Half Shell</b>		<b>Transaction ID:</b> V75144-2436487078666 Date of Disbursement
Mailing Address 400 N. Capitol Street,. NW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Reception - 2008 Primary		Amount of Each Disbursement this Period
Candidate Name Jack Reed		<input type="text" value="25.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		In-Kind
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District:		

Full Name (Last, First, Middle Initial) <b>C. Johnny's Half Shell</b>		<b>Transaction ID:</b> V75144-5655176043510 Date of Disbursement
Mailing Address 400 N. Capitol Street,. NW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Reception - 2012 Primary		Amount of Each Disbursement this Period
Candidate Name Tom Carper		<input type="text" value="25.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		In-Kind
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: DE District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

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

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
200 Primary

Candidate Name  
Peter Roskam

Office Sought:  House  
 Senate  
 President

State: IL District: 06

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Transaction ID: 75144-110851466657

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**1000.00**

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

**3550.00**