

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) 2101 L Street, NW
Suite 400
 Check if different than previously reported. (ACC)
Washington DC 20037

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 04 01 2011 through 04 30 2011

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 05 18 2011

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		3407.69
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	16831.42									
(c) Total Receipts (from Line 19)	1145.37	24595.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17976.79	28002.79								
7. Total Disbursements (from Line 31)	9000.00	19026.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8976.79	8976.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	850.90	5020.80
(ii) Unitemized	293.36	2071.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1144.26	7092.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1144.26	24592.04
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.)	1.11	3.06
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))	1145.37	24595.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1145.37	24595.10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	26.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	26.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9000.00	19000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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))..	9000.00	19026.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	19026.00

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)	1144.26	24592.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1144.26	24592.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	26.00
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	26.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(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

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

A.

Full Name (Last, First, Middle Initial)
Fred Bosse

Mailing Address 28224 Equestrian

City State Zip Code
Fair Oaks Ranch TX 78015-4655

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

Name of Employer American Insurance Association
Occupation Vice President, Southwest Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.20

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 20110407--1

Amount of Each Receipt this Period
39.40

B.

Full Name (Last, First, Middle Initial)
Fred Bosse

Mailing Address 28224 Equestrian

City State Zip Code
Fair Oaks Ranch TX 78015-4655

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

Name of Employer American Insurance Association
Occupation Vice President, Southwest Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.20

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 20110418--1

Amount of Each Receipt this Period
39.40

C.

Full Name (Last, First, Middle Initial)
Gary Henning

Mailing Address 14 Cambridge Rd

City State Zip Code
Albany NY 12203-3002

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 ▼
215.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 20110418--4

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **103.80**

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 / 12
	<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) Leigh Ann Pusey	Date of Receipt MM / DD / YYYY 04 / 08 / 2011
	Mailing Address 1119 Alexandria Ave	Transaction ID: 20110407--7
	City State Zip Code Alexandria VA 22308-1015	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1538.40	

B.	Full Name (Last, First, Middle Initial) Leigh Ann Pusey	Date of Receipt MM / DD / YYYY 04 / 22 / 2011
	Mailing Address 1119 Alexandria Ave	Transaction ID: 20110418--7
	City State Zip Code Alexandria VA 22308-1015	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1538.40	

C.	Full Name (Last, First, Middle Initial) Blain Rethmeier	Date of Receipt MM / DD / YYYY 04 / 08 / 2011
	Mailing Address 2992 S Columbus St	Transaction ID: 20110407--8
	City State Zip Code Arlington VA 22206-1404	Amount of Each Receipt this Period 92.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Insurance Association Occupation Sr. VP - Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 738.00	

SUBTOTAL of Receipts This Page (optional)	476.85
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12
(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) Blain Rethmeier		Date of Receipt MM / DD / YYYY 04 / 22 / 2011
Mailing Address 2992 S Columbus St		Transaction ID: 20110418--8
City Arlington	State VA	Zip Code 22206-1404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.25
Name of Employer American Insurance Association	Occupation Sr. VP - Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.00	

B.

Full Name (Last, First, Middle Initial) Willem Rijkxen		Date of Receipt MM / DD / YYYY 04 / 22 / 2011
Mailing Address 2101 L St NW		Transaction ID: 20110418--9
City Washington	State DC	Zip Code 20037-1526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer American Insurance Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

C.

Full Name (Last, First, Middle Initial) Melissa W. Shelk		Date of Receipt MM / DD / YYYY 04 / 08 / 2011
Mailing Address 4845 Yorktown Blvd		Transaction ID: 20110407--10
City Arlington	State VA	Zip Code 22207-2737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	195.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 12	
	(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"/> 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) Melissa W. Shelk		Date of Receipt																					
	Mailing Address 4845 Yorktown Blvd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	2		2	0	1	1														
	City State Zip Code Arlington VA 22207-2737		Transaction ID: 20110418--10																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00																						
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 ▼ 600.00																						

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	850.90

**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 10 / 12

<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

<p>A. Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p>	<p>Transaction ID: 2C5E38C65047B5D2014</p> <p>Date of Disbursement 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Joe Walsh for Congress Committee, Inc.</p> <p>Mailing Address 830 W. Route 22 - Box 56</p> <p>City Lake Zurich State IL Zip Code 60047</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Joe Walsh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 08</p>	<p>Transaction ID: FC3B5ACB264F7F1DE1C</p> <p>Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Grimm for Congress</p> <p>Mailing Address 560 9th Street</p> <p>City Brooklyn State NY Zip Code 11215</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Michael G. Grimm</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 13</p>	<p>Transaction ID: 5FE0B8AADB3FACDB015</p> <p>Date of Disbursement 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<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

A. Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee <hr/> Mailing Address PO Box 54175 <hr/> City Lubbock State TX Zip Code 79453 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Robert Randolph Neugebauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74E311741EF9D5B97A2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Peter Anderson Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AFD879421E35800453A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Snowe for Senate <hr/> Mailing Address PO Box 2012 <hr/> City Portland State ME Zip Code 04104 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Olympia J. Snowe <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D314F63BCF8436DE2F8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<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

A. Full Name (Last, First, Middle Initial) Texans for Lamar Smith <hr/> Mailing Address PO Box 6155 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Lamar Seeligson Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A5DCFC1803198A8DA2A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TFP-FOJB Committee <hr/> Mailing Address 631-B Pennsylvania Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Tfp-Fojb Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 6A928B1FD CD2CD96187 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

9000.00