

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 02 01 2008 through 02 29 2008

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 03 20 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		16121.26
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	11332.86									
(c) Total Receipts (from Line 19)	6817.56	8034.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18150.42	24155.42								
7. Total Disbursements (from Line 31)	6005.00	12010.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12145.42	12145.42								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	1068.00	1260.30
(i) Itemized (use Schedule A)	748.31	1771.05
(ii) Unitemized	1816.31	3031.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	6816.31	8031.35
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	1.25	2.81
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))	6817.56	8034.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6817.56	8034.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	10.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.00	10.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6000.00	12000.00
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))..	6005.00	12010.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6005.00	12010.00

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)	6816.31	8031.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6816.31	8031.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	10.00
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	10.00

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 / 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	

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) Leigh Ann Pusey		Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1119 Alexandria Avenue		Transaction ID: 20080204--12
	City Alexandria	State VA	Zip Code 22308-1015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	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 ▼ 961.50	

B.	Full Name (Last, First, Middle Initial) Leigh Ann Pusey		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 1119 Alexandria Avenue		Transaction ID: 20080212--12
	City Alexandria	State VA	Zip Code 22308-1015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	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 ▼ 961.50	

C.	Full Name (Last, First, Middle Initial) Leigh Ann Pusey		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1119 Alexandria Avenue		Transaction ID: 20080317--12
	City Alexandria	State VA	Zip Code 22308-1015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	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 ▼ 961.50	

SUBTOTAL of Receipts This Page (optional)	576.90
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) Blain Rethmeier		Date of Receipt MM / DD / YYYY 02 / 01 / 2008		
	Mailing Address 2992 S Columbus St		Transaction ID: 20080204--13		
	City Arlington	State VA	Zip Code 22206-1404	Amount of Each Receipt this Period 88.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Sr. VP - Public Affairs	Aggregate Year-to-Date 443.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Blain Rethmeier		Date of Receipt MM / DD / YYYY 02 / 15 / 2008		
	Mailing Address 2992 S Columbus St		Transaction ID: 20080212--13		
	City Arlington	State VA	Zip Code 22206-1404	Amount of Each Receipt this Period 88.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Sr. VP - Public Affairs	Aggregate Year-to-Date 443.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Blain Rethmeier		Date of Receipt MM / DD / YYYY 02 / 29 / 2008		
	Mailing Address 2992 S Columbus St		Transaction ID: 20080317--13		
	City Arlington	State VA	Zip Code 22206-1404	Amount of Each Receipt this Period 88.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Insurance Association	Occupation Sr. VP - Public Affairs	Aggregate Year-to-Date 443.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	266.10
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 / 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) Melissa W. Shelk	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 4845 Yorktown Boulevard	Transaction ID: 20080204--14
	City State Zip Code Arlington VA 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 ▼ 375.00

B.	Full Name (Last, First, Middle Initial) Melissa W. Shelk	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 4845 Yorktown Boulevard	Transaction ID: 20080212--14
	City State Zip Code Arlington VA 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 ▼ 375.00

C.	Full Name (Last, First, Middle Initial) Melissa W. Shelk	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 4845 Yorktown Boulevard	Transaction ID: 20080317--14
	City State Zip Code Arlington VA 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 ▼ 375.00

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	1068.00

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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) The Travelers Companies Inc. Political Action Committee (TPAC)		Date of Receipt
	Mailing Address One Tower Square		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hartford	CT	06183
	FEC ID number of contributing federal political committee.		Transaction ID: 79663-69274538755417
	C C00376376		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

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"/> 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) Longhorn PAC	Transaction ID: 6ea3240da8dcb3e2ec0 Date of Disbursement 02 / 19 / 2008
	Mailing Address 7315 Wisconsin Avenue Suite 705 East	Amount of Each Disbursement this Period 1000.00
	City Bethesda State MD Zip Code 20814	
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

B.	Full Name (Last, First, Middle Initial) Mark Pryor for US Senate	Transaction ID: e8900bbf61090b7aa7b Date of Disbursement 02 / 25 / 2008
	Mailing Address PO Box 2720	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement 2008 Primary Candidate Name Mark Pryor	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: ff4b797bb498de4d683 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO Box 14631	Amount of Each Disbursement this Period 2000.00
	City Shawnee Mission State KS Zip Code 66285	
	Purpose of Disbursement 2008 Primary Candidate Name Dennis Moore	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

Wicker for Senate

Mailing Address PO Box 233

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
2008 Special General

Candidate Name
Roger Wicker

Office Sought: House
 Senate
 President

State: MS District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: ee4d635a5e78a83b341

Date of Disbursement

02 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

6000.00

Image# 28990620337

Form/Schedule: **F3X**

Transaction ID:
