

**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  
 Alliance of American Insurers Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 3025 Highland Parkway  
 Suite 800  
 Downers Grove IL 80515

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00131045

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) X 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 08 01 2003 through 08 31 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory Heidrich

Signature of Treasurer Electronically Filed by Gregory Heidrich Date 09 12 2003

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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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alliance of American Insurers Political Action Committee

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		15040.35
(b) Cash on Hand at Beginning of Reporting Period .....	3534.23	
(c) Total Receipts (from Line 19) .....	589.84	16618.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	4124.07	31659.07
<hr/>		
7. Total Disbursements (from Line 31) .....	2000.00	29535.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2124.07	2124.07
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Alliance of American Insurers Political Action Committee

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2003

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) .....	485.00	
(ii) Unitemized .....	104.84	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	589.84	10618.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	589.84	16618.72
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 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)) .....	589.84	16618.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	589.84	16618.72

**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.....	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.....	2000.00	25580.00
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	3975.00
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 ActMty (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))..	2000.00	29535.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2000.00	29535.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	589.84	16618.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	589.84	16618.72
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) or 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David Farmer</b>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 1211 Connecticut Ave NW Suite 400		Transaction ID: SA11A1.5604
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President Federal Affairs	Payroll Deduction \$50.00 Bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. David Farmer</b>		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 1211 Connecticut Ave NW Suite 400		Transaction ID: SA11A1.5605
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President Federal Affairs	Payroll Deduction \$50.00 Bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory Heinrich</b>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5608
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President, Secretary and Treas	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>125.00</b>
TOTAL 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 7 / 12	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gregory Heidrich</b>		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5609
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President, Secretary and Treas	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Herlong</b>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 6836 Church Street Suite 300		Transaction ID: SA11A1.5610
City Douglasville	State GA	Zip Code 30134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Asst Vice President Regional Mgr SE/S	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Herlong</b>		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 6836 Church Street Suite 300		Transaction ID: SA11A1.5611
City Douglasville	State GA	Zip Code 30134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Asst Vice President Regional Mgr SE/S	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>75.00</b>
TOTAL 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 8 / 12	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Larry Kibbee</b>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address P O Box 2030		Transaction ID: SA11A1.5614
City La Conner	State WA	Zip Code 98257-9898
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Regional Manager-Northwest	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Kibbee</b>		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address P O Box 2030		Transaction ID: SA11A1.5615
City La Conner	State WA	Zip Code 98257-9898
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Regional Manager-Northwest	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Rodger Lawson</b>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5616
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Alliance of American Insurers	Occupation President	Payroll Deduction \$50.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL 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 9 / 12	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Rodger Larson</b>		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5617
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Alliance of American Insurers	Occupation President	Payroll Deduction \$50.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. John Lobart</b>		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5618
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. John Lobart</b>		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5619
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL 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 10 / 12	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Kenneth Schioman</b>		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 1211 Connecticut Avenue NW Suite 400		Transaction ID: SA11A1.5624
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.50
Name of Employer Alliance of American Insurers	Occupation Counsel	Payroll Deduction \$17.50 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Schioman</b>		Date of Receipt M / D / Y 08 / 31 / 2003
Mailing Address 1211 Connecticut Avenue NW Suite 400		Transaction ID: SA11A1.5626
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.50
Name of Employer Alliance of American Insurers	Occupation Counsel	Payroll Deduction \$17.50 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Ann Spreng</b>		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5629
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President and Gen'l Counsel	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
TOTAL 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 11 / 12	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Ann Spragens		Date of Receipt M / D / Y 08 / 31 / 2008
Mailing Address 3025 Highland Parkway Suite 800		Transaction ID: SA11A1.5690
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Alliance of American Insurers	Occupation Sr Vice President and Gen'l Counsel	Payroll Deduction \$25.00 bi-monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	25.00
TOTAL This Period (last page this line number only) .....	▶	485.00

**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)				PAGE 12 / 12			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.5631 Date of Disbursement 08 / 05 / 2003	
Mailing Address %Mary Jo Hoffman 5327 Holmes Run P			
City Alexandria	State VA	Zip Code 22304	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name CHARLES E SENATOR GRASSLEY			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IA	District: D0		

Full Name (Last, First, Middle Initial) <b>B. SENATE MAJORITY FUND</b>		Transaction ID: SB23.5632 Date of Disbursement 08 / 05 / 2003	
Mailing Address P.O. Box 32025			
City Phoenix	State AZ	Zip Code 85064	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name JON L KYL			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: AZ	District: D0		

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	2000.00