

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 (12S)
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 2010 through 09 30 2010

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 10 19 2010

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)

A. Form/Schedule : **F3X**

Transaction ID :

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		5934.06
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	32546.51									
(c) Total Receipts (from Line 19)	2942.45	80054.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35488.96	85988.96								
7. Total Disbursements (from Line 31)	34000.00	84500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1488.96	1488.96								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2857.29	38329.76
(ii) Unitemized	82.50	4204.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2939.79	42534.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2939.79	77534.35
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.66	20.55
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))	2942.45	80054.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2942.45	80054.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	34000.00	84500.00
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))..	34000.00	84500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34000.00	84500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 25

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)	2939.79	77534.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2939.79	77534.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<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) Fred Bosse	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 28224 Equestrian	Transaction ID: 20100907--2
	City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period 39.40
	FEC ID number of contributing federal political committee. C	
	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 ▼ 788.00

B.	Full Name (Last, First, Middle Initial) Fred Bosse	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 28224 Equestrian	Transaction ID: 20100922--2
	City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period 39.40
	FEC ID number of contributing federal political committee. C	
	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 ▼ 788.00

C.	Full Name (Last, First, Middle Initial) Gary Henning	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 14 Cambridge Rd	Transaction ID: 20100907--5
	City State Zip Code Albany NY 12203-3002	Amount of Each Receipt this Period 30.00
	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 ▼ 510.00

SUBTOTAL of Receipts This Page (optional)	▶	108.80
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 8 / 25
	<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) Gary Henning	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 14 Cambridge Rd	Transaction ID: 20100922--5
	City Albany State NY Zip Code 12203-3002	Amount of Each Receipt this Period 30.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 510.00	

B.	Full Name (Last, First, Middle Initial) Martin McGuinness	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 2101 L St NW Ste 400	Transaction ID: 20100907--7
	City Washington State DC Zip Code 20037-1542	Amount of Each Receipt this Period 100.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 1900.00	

C.	Full Name (Last, First, Middle Initial) Martin McGuinness	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2101 L St NW Ste 400	Transaction ID: 20100922--7
	City Washington State DC Zip Code 20037-1542	Amount of Each Receipt this Period 100.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 1900.00	

SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Murphy
Mailing Address 175 Berkeley St

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
09 / 10 / 2010

Transaction ID: 20100907--9

Amount of Each Receipt this Period 12.50

B. Full Name (Last, First, Middle Initial)
John Murphy
Mailing Address 175 Berkeley St

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
09 / 24 / 2010

Transaction ID: 20100922--9

Amount of Each Receipt this Period 12.50

C. Full Name (Last, First, Middle Initial)
Cecil Pearce
Mailing Address PO Box 13686

City State Zip Code
Tallahassee FL 32317-3686

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.07

Date of Receipt M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: 20100907--11

Amount of Each Receipt this Period 40.53

SUBTOTAL of Receipts This Page (optional) 65.53

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 10 / 25
(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)
Leigh Ann Pusey

Mailing Address 1119 Alexandria Ave

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 Y
09 / 10 / 2010

Transaction ID: 20100907--12

Amount of Each Receipt this Period
192.30

B.

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

Mailing Address 1119 Alexandria Ave

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 Y
09 / 24 / 2010

Transaction ID: 20100922--12

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 ▼ 1845.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2010

Transaction ID: 20100907--13

Amount of Each Receipt this Period
92.25

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 11 / 25
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Arlington State VA Zip Code 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 ▼ 1845.00

Date of Receipt 09 / 24 / 2010
Transaction ID: 20100922--13
Amount of Each Receipt this Period 92.25

B.

Full Name (Last, First, Middle Initial)
Willem Rijkse

Mailing Address 2101 L St NW

City Washington State DC Zip Code 20037-1526

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

Name of Employer American Insurance Association
Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 10 / 2010
Transaction ID: 20100907--14
Amount of Each Receipt this Period 28.00

C.

Full Name (Last, First, Middle Initial)
Willem Rijkse

Mailing Address 2101 L St NW

City Washington State DC Zip Code 20037-1526

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

Name of Employer American Insurance Association
Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 24 / 2010
Transaction ID: 20100922--14
Amount of Each Receipt this Period 28.00

SUBTOTAL of Receipts This Page (optional) ► 148.25

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 12 / 25
(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)
Thomas Santos

Mailing Address 2101 L St NW

City Washington State DC Zip Code 20037-1526

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

Name of Employer American Insurance Association Occupation VP Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 08 / 2010

Transaction ID: F82C518E0CE14123C18

Amount of Each Receipt this Period 1500.00

B.

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

Mailing Address 4845 Yorktown Blvd

City Arlington State VA Zip Code 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 ▼ 1500.00

Date of Receipt 09 / 10 / 2010

Transaction ID: 20100907--15

Amount of Each Receipt this Period 75.00

C.

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

Mailing Address 4845 Yorktown Blvd

City Arlington State VA Zip Code 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 ▼ 1500.00

Date of Receipt 09 / 24 / 2010

Transaction ID: 20100922--15

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<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) David Snyder		Date of Receipt
	Mailing Address 410 Lincoln Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Falls Church	VA	22046-2618
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100907--16
Name of Employer American Insurance Association		Occupation Assistant General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) David Snyder		Date of Receipt
	Mailing Address 410 Lincoln Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	Falls Church	VA	22046-2618
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100922--16
Name of Employer American Insurance Association		Occupation Assistant General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Allan J. Stein		Date of Receipt
	Mailing Address 5513 Roosevelt St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Bethesda	MD	20817-3781
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100907--17
Name of Employer American Insurance Association		Occupation Assistant General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 25

(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)
Allan J. Stein

Mailing Address 5513 Roosevelt St

City State Zip Code
Bethesda MD 20817-3781

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

Name of Employer Occupation
American Insurance Association Assistant General Counsel

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 20100922--17

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Steve Suschil

Mailing Address 3050 Bastone Ct

City State Zip Code
West Sacramento CA 95691-5186

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

Name of Employer Occupation
American Insurance Association Government Relations

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 278.60

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: 20100907--18

Amount of Each Receipt this Period
13.93

C.

Full Name (Last, First, Middle Initial)
Steve Suschil

Mailing Address 3050 Bastone Ct

City State Zip Code
West Sacramento CA 95691-5186

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

Name of Employer Occupation
American Insurance Association Government Relations

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 278.60

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 20100922--18

Amount of Each Receipt this Period
13.93

SUBTOTAL of Receipts This Page (optional) ▶

52.86

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 15 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 20100907--24

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 20100922--24

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	2857.29

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

<p>A. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4BF18A579EDBBA52DE0</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bluegrass Committee</p> <p>Mailing Address 400 N Capitol St NW #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Bluegrass Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: B8D677176F5D9E4B07F</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Boozman for Arkansas</p> <p>Mailing Address 322 North Bloomington Suite A-B</p> <p>City Lowell State AR Zip Code 72745</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John Nichols Boozman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0620424859AB9C89DA2</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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.</p> <p>Full Name (Last, First, Middle Initial) Chris Coons for Delaware</p> <p>Mailing Address PO Box 9900</p> <p>City Newark State DE Zip Code 19714</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Christopher A. Coons</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4115C23B35F23228FAB</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D28B2BE6B0673EA7CFF</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Denham for Congress</p> <p>Mailing Address 2150 River Plaza Dr #150</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Jeffrey Denham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F849D2EB13A431A2E7A</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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 18 / 25

<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) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: F4485D20801CC5E8AC1 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Forward Together Pac <hr/> Mailing Address 201 North Union Street Suite 300 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Forward Together Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 2C64C15EFC1FE6818F4 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement 2010 General Candidate Name John R. Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: Contribution	Transaction ID: 76E47446DD533FD2EF0 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 19 / 25

<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) Issa for Congress</p> <p>Mailing Address PO Box 760</p> <p>City Vista State CA Zip Code 92085</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Darrell Issa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 49</p>	<p>Transaction ID: 9AAB86CBD7B04A6CA49</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jobs, Economy and Budget Fund (JEB FUND)</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Jobs, Economy and Budget Fund (JEB FUND)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Contribution</p>	<p>Transaction ID: F66C881D8D462C9D0EA</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jobs, Opportunities and Education Pac (JOE-PAC)</p> <p>Mailing Address 84-56 Grand Avenue Elmhurst</p> <p>City New York State NY Zip Code 11373</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Jobs, Opportunities and Education Pac (JOE-PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Contribution</p>	<p>Transaction ID: 3D77E611C9612BCE9E7</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) Joe Donnelly for Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E870199EF204EF4E9DA</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kirk for Senate</p> <p>Mailing Address PO Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Mark Steven Kirk</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CB36760EFD422880DA8</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Longhorn Pac</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Longhorn Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 5C6D8E415BD99AFA7C1</p> <p>Date of Disbursement 09 / 28 / 2010</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)

<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) Marco Rubio for US Senate</p> <p>Mailing Address 2030 South Douglas Road Suite 105</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3F4302A61E68D37E3EA Date of Disbursement: 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3C44D8E751A7274F0C8 Date of Disbursement: 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mica for Congress</p> <p>Mailing Address PO Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6E948A17661C5EBCC00 Date of Disbursement: 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

<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) Mike Kelly for Congress <hr/> Mailing Address PO Box 476 <hr/> City Lyndora State PA Zip Code 16045 <hr/> Purpose of Disbursement 2010 General Candidate Name G. Mike J. Kelly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F6263009262D98000DA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike McMahon for Congress <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael E. McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 831CBABCBAB16D3E2E Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Minnick for Congress <hr/> Mailing Address 8150 West Emerald, Ste. 170 <hr/> City Boise State ID Zip Code 83704 <hr/> Purpose of Disbursement 2010 General Candidate Name Walter C. Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C780032D0F16FE0E1AD Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) Moran for Kansas</p> <p>Mailing Address PO Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Jerry Moran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B04C1DC8FE021B55D50</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee aka NDC PAC</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name New Democrat Coalition Political Action Committee aka NDC PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: C5C737C2C0A99535C14</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth (PETE PAC)</p> <p>Mailing Address 7804 Evening Lane</p> <p>City Alexandria State VA Zip Code 22306</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name People for Enterprise Trade and Economic Growth (PETE PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 418347392F55EF75E57</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) Prosperity Pac <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Prosperity Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 1E768F93BCDDA1FCBE8 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
B. Full Name (Last, First, Middle Initial) Tim Scott for Congress <hr/> Mailing Address 1405 Ashley River Road <hr/> City Charleston State SC Zip Code 29407 <hr/> Purpose of Disbursement 2010 General Candidate Name Tim Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0851F8FC59FD9F026AD Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Toomey for Senate Committee <hr/> Mailing Address 2720 Jordan Road <hr/> City Orefield State PA Zip Code 18069 <hr/> Purpose of Disbursement 2010 General Candidate Name Patrick Joseph Toomey <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7CD523B3271466CDBB Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 25 / 25

<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)

Upton for All of Us

Mailing Address PO Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
2010 General

Candidate Name
Fredrick Stephen Upton

Office Sought: House
 Senate
 President

State: MI District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 15533C3C96E32FB2D48

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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