

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 7	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

**A.** Full Name (Last, First, Middle Initial)  
Harvey R Pierce

Mailing Address 1342 Boundary Road

City Middleton	State WI	Zip Code 53562-3842
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Family Insurance Group	Occupation Chairman Chief Exec
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.42

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	0	6

**Transaction ID:** 10802/10/2006HRP001

Amount of Each Receipt this Period  
236.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	236.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	236.66