

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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

ADDRESS (number and street) 6000 American Parkway
 Check if different than previously reported. (ACC)
Madison WI 53783

2. **FEC IDENTIFICATION NUMBER** C00354290
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 Heidi Krumenauer

Signature of Treasurer Electronically Filed by Heidi Krumenauer 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									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

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		17216.62
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	9919.19									
(c) Total Receipts (from Line 19)	4635.60	43338.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14554.79	60554.79								
7. Total Disbursements (from Line 31)	4000.00	50000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10554.79	10554.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

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

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)	2595.84	10912.31
(ii) Unitemized	2039.76	30425.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4635.60	41338.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4635.60	41338.17
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	2000.00
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))	4635.60	43338.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4635.60	43338.17

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.....	4000.00	49500.00
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	500.00
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))..	4000.00	50000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	50000.00

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)	4635.60	41338.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4635.60	41338.17
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: PAGE 7 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Mark V. Afable

Mailing Address 1826 Carrington Dr

City State Zip Code
Sun Prairie WI 53590-3544

FEC ID number of contributing federal political committee. C

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.42

Date of Receipt 09 / 03 / 2010

Transaction ID: 20100901080019-10

Amount of Each Receipt this Period 29.08

B.

Full Name (Last, First, Middle Initial)
Mark V. Afable

Mailing Address 1826 Carrington Dr

City State Zip Code
Sun Prairie WI 53590-3544

FEC ID number of contributing federal political committee. C

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.42

Date of Receipt 09 / 17 / 2010

Transaction ID: 20100915080032-10

Amount of Each Receipt this Period 29.08

C.

Full Name (Last, First, Middle Initial)
David R. Anderson

Mailing Address 2525 Middleton Beach Rd

City State Zip Code
Middleton WI 53562-2912

FEC ID number of contributing federal political committee. C

Name of Employer American Family Insurance Group
Occupation Chairman Chief Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 03 / 2010

Transaction ID: 20100901080019-2

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 88.16

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 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) David R. Anderson	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 2525 Middleton Beach Rd	Transaction ID: 20100915080032-2
	City State Zip Code Middleton WI 53562-2912	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Chairman Chief Exec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00

B.	Full Name (Last, First, Middle Initial) Thomas J. Anfenon	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 339 Bluff Rd	Transaction ID: 20100901080019-248
	City State Zip Code Carver MN 55315-9511	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

C.	Full Name (Last, First, Middle Initial) Thomas J. Anfenon	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 339 Bluff Rd	Transaction ID: 20100915080032-247
	City State Zip Code Carver MN 55315-9511	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

SUBTOTAL of Receipts This Page (optional)	70.00
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 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Lisa R. Bacus

Mailing Address 4915 Champions Run

City Middleton State WI Zip Code 53562-4078

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

Name of Employer American Family Insurance Group
Occupation Marketing VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 446.25

Date of Receipt 09 / 03 / 2010

Transaction ID: 20100901080019-39

Amount of Each Receipt this Period 24.92

B.

Full Name (Last, First, Middle Initial)
Lisa R. Bacus

Mailing Address 4915 Champions Run

City Middleton State WI Zip Code 53562-4078

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

Name of Employer American Family Insurance Group
Occupation Marketing VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 446.25

Date of Receipt 09 / 17 / 2010

Transaction ID: 20100915080032-39

Amount of Each Receipt this Period 24.92

C.

Full Name (Last, First, Middle Initial)
Gerry W. Benusa

Mailing Address 1227 Bongard Dr

City Waunakee State WI Zip Code 53597-2657

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2010

Transaction ID: 20100901080019-12

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **74.84**

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 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Gerry W. Benusa

Mailing Address 1227 Bongard Dr

City State Zip Code
Wauwaukee WI 53597-2657

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-12

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth A. Bergquist

Mailing Address 1797 Oaken Vale Rd

City State Zip Code
Marshall WI 53559-8973

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

Name of Employer American Family Insurance Group
Occupation Education VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-20

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth A. Bergquist

Mailing Address 1797 Oaken Vale Rd

City State Zip Code
Marshall WI 53559-8973

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

Name of Employer American Family Insurance Group
Occupation Education VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-20

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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 11 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) M. Jeff Bosco	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 5691 Ashbourne Ln	Transaction ID: 20100901080019-49
	City State Zip Code Fitchburg WI 53711-6966	Amount of Each Receipt this Period 48.46
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Integrated Channels VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 869.52	

B.	Full Name (Last, First, Middle Initial) M. Jeff Bosco	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 5691 Ashbourne Ln	Transaction ID: 20100915080032-49
	City State Zip Code Fitchburg WI 53711-6966	Amount of Each Receipt this Period 48.46
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Integrated Channels VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 869.52	

C.	Full Name (Last, First, Middle Initial) Steven R. Brynd	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address N28W30212 Red Hawk Ct	Transaction ID: 20100901080019-241
	City State Zip Code Pewaukee WI 53072-4270	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional)	108.92
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 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Steven R. Brynd
 Mailing Address N28W30212 Red Hawk Ct
 City State Zip Code
Pewaukee WI 53072-4270
 Date of Receipt
 M M / D D / Y Y Y Y
09 / 17 / 2010
Transaction ID: 20100915080032-240
 Amount of Each Receipt this Period
 12.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Family Insurance Group Occupation Sales Director
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 216.00

B. Full Name (Last, First, Middle Initial)
David M. Carter, III
 Mailing Address 5438 Craftsman Dr
 City State Zip Code
Parker CO 80134-4538
 Date of Receipt
 M M / D D / Y Y Y Y
09 / 03 / 2010
Transaction ID: 20100901080019-260
 Amount of Each Receipt this Period
 12.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Family Insurance Group Occupation Sales Director
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 225.00

C. Full Name (Last, First, Middle Initial)
David M. Carter, III
 Mailing Address 5438 Craftsman Dr
 City State Zip Code
Parker CO 80134-4538
 Date of Receipt
 M M / D D / Y Y Y Y
09 / 17 / 2010
Transaction ID: 20100915080032-259
 Amount of Each Receipt this Period
 12.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Family Insurance Group Occupation Sales Director
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 225.00

SUBTOTAL of Receipts This Page (optional) ► **37.00**
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 13 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial) Donald S. Cleasby		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 309 W Washington Ave Unit 609		Transaction ID: 20100901080019-191
City Madison	State Zip Code WI 53703-5514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer American Family Insurance Group	Occupation State Govt Affairs Director	Aggregate Year-to-Date ▼ 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Donald S. Cleasby		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 309 W Washington Ave Unit 609		Transaction ID: 20100915080032-190
City Madison	State Zip Code WI 53703-5514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer American Family Insurance Group	Occupation State Govt Affairs Director	Aggregate Year-to-Date ▼ 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Timothy D. Constien		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 3020 Craig Ln		Transaction ID: 20100901080019-57
City Sun Prairie	State Zip Code WI 53590-8816	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.23
Name of Employer American Family Insurance Group	Occupation Claims Operations VP	Aggregate Year-to-Date ▼ 305.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	47.23
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 14 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Timothy D. Constien	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 3020 Craig Ln	Transaction ID: 20100915080032-57
	City State Zip Code Sun Prairie WI 53590-8816	Amount of Each Receipt this Period 17.23
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Claims Operations VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.52	

B.	Full Name (Last, First, Middle Initial) Justin B. Cruz	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 1005 Glacier Hill Dr	Transaction ID: 20100901080019-41
	City State Zip Code Madison WI 53704-8586	Amount of Each Receipt this Period 18.69
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Actuarial VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.97	

C.	Full Name (Last, First, Middle Initial) Justin B. Cruz	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1005 Glacier Hill Dr	Transaction ID: 20100915080032-41
	City State Zip Code Madison WI 53704-8586	Amount of Each Receipt this Period 18.69
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Actuarial VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.97	

SUBTOTAL of Receipts This Page (optional)	54.61
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 15 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Jack A. Daigle	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 7300 W Cactus Ave Unit 33	Transaction ID: 20100901080019-261
	City State Zip Code Las Vegas NV 89178-4004	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Jack A. Daigle	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 7300 W Cactus Ave Unit 33	Transaction ID: 20100915080032-260
	City State Zip Code Las Vegas NV 89178-4004	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) James L. Doepke	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 1448 Blue Ridge Trl	Transaction ID: 20100901080019-184
	City State Zip Code Waunakee WI 53597-2373	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Product Assoc VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	45.00
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 16 / 48
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
James L. Doepke

Mailing Address 1448 Blue Ridge Trl

City State Zip Code
Waunakee WI 53597-2373

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

Name of Employer American Family Insurance Group
Occupation Product Assoc VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 20100915080032-183

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Michael R. Duran

Mailing Address 46558 Silver Fir St

City State Zip Code
Parker CO 80138-4484

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

Name of Employer American Family Insurance Group
Occupation Agency Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 20100901080019-51

Amount of Each Receipt this Period
12.50

C.

Full Name (Last, First, Middle Initial)
Michael R. Duran

Mailing Address 46558 Silver Fir St

City State Zip Code
Parker CO 80138-4484

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

Name of Employer American Family Insurance Group
Occupation Agency Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 20100915080032-51

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► **40.00**

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 17 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) William T. Fancher	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 1111 Woodbridge Trl	Transaction ID: 20100901080019-207
	City State Zip Code Wauaukee WI 53597-2625	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Advance Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) William T. Fancher	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1111 Woodbridge Trl	Transaction ID: 20100915080032-206
	City State Zip Code Wauaukee WI 53597-2625	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Advance Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Lee C. Fanshaw	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 1648 Erin HI	Transaction ID: 20100901080019-193
	City State Zip Code Stoughton WI 53589-4853	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Federal Govt Affair Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
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 18 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Lee C. Fanshaw

Mailing Address 1648 Erin HI

City Stoughton State WI Zip Code 53589-4853

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

Name of Employer American Family Insurance Group
Occupation Federal Govt Affair Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2010
Transaction ID: 20100915080032-192
Amount of Each Receipt this Period 15.00

B.

Full Name (Last, First, Middle Initial)
Heather M. Ferrari

Mailing Address 15611 3rd Dr SE

City Mill Creek State WA Zip Code 98012-6328

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2010
Transaction ID: 20100911080016-128
Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Richard A. Fetherston

Mailing Address 2014 Range Trl

City Verona State WI Zip Code 53593-9361

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

Name of Employer American Family Insurance Group
Occupation Public Relations VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 388.11

Date of Receipt 09 / 03 / 2010
Transaction ID: 20100901080019-43
Amount of Each Receipt this Period 21.69

SUBTOTAL of Receipts This Page (optional) ▶ 66.69

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 19 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Richard A. Fetherston

Mailing Address 2014 Range Trl

City State Zip Code
Verona WI 53593-9361

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

Name of Employer American Family Insurance Group
Occupation Public Relations VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
388.11

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-43

Amount of Each Receipt this Period
21.69

B.

Full Name (Last, First, Middle Initial)
Dean M. Fiorelli

Mailing Address 1896 Carrington Dr

City State Zip Code
Sun Prairie WI 53590-3544

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

Name of Employer American Family Insurance Group
Occupation Treasury Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-85

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Dean M. Fiorelli

Mailing Address 1896 Carrington Dr

City State Zip Code
Sun Prairie WI 53590-3544

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

Name of Employer American Family Insurance Group
Occupation Treasury Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-86

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **51.69**

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 20 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
James T. Fitzgerald

Mailing Address 921 Eddington Dr

City State Zip Code
Sun Prairie WI 53590-3537

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

Name of Employer American Family Insurance Group
Occupation Curriculum Delivery Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 20100901080019-82

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
James T. Fitzgerald

Mailing Address 921 Eddington Dr

City State Zip Code
Sun Prairie WI 53590-3537

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

Name of Employer American Family Insurance Group
Occupation Curriculum Delivery Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 20100915080032-83

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Gary P. Flynn

Mailing Address 6205 NW 103rd St

City State Zip Code
Kansas City MO 64154-1854

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 20100901080019-251

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ► **42.00**

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 21 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Gary P. Flynn

Mailing Address 6205 NW 103rd St

City State Zip Code
Kansas City MO 64154-1854

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-250

Amount of Each Receipt this Period
12.00

B.

Full Name (Last, First, Middle Initial)
Carolyn S. Gilb

Mailing Address 3075 Lymans Run

City State Zip Code
Sun Prairie WI 53590-9828

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

Name of Employer American Family Insurance Group
Occupation Commercial F/R VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-30

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Carolyn S. Gilb

Mailing Address 3075 Lymans Run

City State Zip Code
Sun Prairie WI 53590-9828

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

Name of Employer American Family Insurance Group
Occupation Commercial F/R VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-30

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **92.00**

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 22 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Gregory V. Gisi

Mailing Address 5838 Tree Line Dr

City State Zip Code
Fitchburg WI 53711-5829

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

Name of Employer American Family Insurance Group
Occupation Modeling & Risk Mgmt Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-89

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Gregory V. Gisi

Mailing Address 5838 Tree Line Dr

City State Zip Code
Fitchburg WI 53711-5829

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

Name of Employer American Family Insurance Group
Occupation Modeling & Risk Mgmt Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-90

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Bradley J. Gleason

Mailing Address 3727 Nelson Ln

City State Zip Code
Deerfield WI 53531-9707

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.86

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-14

Amount of Each Receipt this Period
31.77

SUBTOTAL of Receipts This Page (optional) ► **61.77**

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 23 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Bradley J. Gleason
Mailing Address 3727 Nelson Ln
City State Zip Code
Deerfield WI 53531-9707
FEC ID number of contributing federal political committee. **C**
Name of Employer American Family Insurance Group
Occupation Exec VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 568.86
Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Transaction ID: 20100915080032-14
Amount of Each Receipt this Period 31.77

B. Full Name (Last, First, Middle Initial)
Kari E. Grasee
Mailing Address 1218 Lawton Ln
City State Zip Code
Wauunakee WI 53597-2642
FEC ID number of contributing federal political committee. **C**
Name of Employer American Family Insurance Group
Occupation Controller VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Transaction ID: 20100901080019-25
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Kari E. Grasee
Mailing Address 1218 Lawton Ln
City State Zip Code
Wauunakee WI 53597-2642
FEC ID number of contributing federal political committee. **C**
Name of Employer American Family Insurance Group
Occupation Controller VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Transaction ID: 20100915080032-25
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 71.77
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 24 / 48
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Peter C. Gunder

Mailing Address 4505 Nina Ln

City Middleton State WI Zip Code 53562-5325

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

Name of Employer American Family Insurance Group
Occupation Investments Sr VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.45

Date of Receipt 09 / 03 / 2010
Transaction ID: 20100901080019-27
Amount of Each Receipt this Period 31.15

B.

Full Name (Last, First, Middle Initial)
Peter C. Gunder

Mailing Address 4505 Nina Ln

City Middleton State WI Zip Code 53562-5325

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

Name of Employer American Family Insurance Group
Occupation Investments Sr VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.45

Date of Receipt 09 / 17 / 2010
Transaction ID: 20100915080032-27
Amount of Each Receipt this Period 31.15

C.

Full Name (Last, First, Middle Initial)
Mark R. Hartman

Mailing Address 1179 S Arbor Island PI

City Eagle State ID Zip Code 83616-5894

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2010
Transaction ID: 20100911080016-126
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 92.30

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 25 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Kristin R. Kirkconnell		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 5591 Polo Rdg		Transaction ID: 20100901080019-15		
	City Waunakee	State WI	Zip Code 53597-8701	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00		
Name of Employer American Family Insurance Group		Occupation Information Svs Sr VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Kristin R. Kirkconnell		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 5591 Polo Rdg		Transaction ID: 20100915080032-15		
	City Waunakee	State WI	Zip Code 53597-8701	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00		
Name of Employer American Family Insurance Group		Occupation Information Svs Sr VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) Annette S. Knapstein		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 3423 Conservancy Ln		Transaction ID: 20100901080019-22		
	City Middleton	State WI	Zip Code 53562-1161	Amount of Each Receipt this Period 20.92	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 376.36		
Name of Employer American Family Insurance Group		Occupation Business/Wrkplc Svs VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 376.36			

SUBTOTAL of Receipts This Page (optional)	70.92
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 26 / 48
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Annette S. Knapstein

Mailing Address 3423 Conservancy Ln

City Middleton State WI Zip Code 53562-1161

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

Name of Employer American Family Insurance Group
Occupation Business/Wrkplc Svs VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 376.36

Date of Receipt 09 / 17 / 2010

Transaction ID: 20100915080032-22

Amount of Each Receipt this Period 20.92

B.

Full Name (Last, First, Middle Initial)
Heidi J. Krumenauer

Mailing Address 1711 Johnson St

City Stoughton State WI Zip Code 53589-1154

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

Name of Employer American Family Insurance Group
Occupation Pning, Techgy, SIU Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010

Transaction ID: 20100901080019-160

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Heidi J. Krumenauer

Mailing Address 1711 Johnson St

City Stoughton State WI Zip Code 53589-1154

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

Name of Employer American Family Insurance Group
Occupation Pning, Techgy, SIU Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2010

Transaction ID: 20100915080032-159

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 50.92

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 27 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial) Christopher R. Listau		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 2914 NE 102nd Ter		Transaction ID: 20100901080019-53
City Kansas City	State Zip Code MO 64155-3076	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.23
Name of Employer American Family Insurance Group	Occupation Agency Sales VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.26	

B.

Full Name (Last, First, Middle Initial) Christopher R. Listau		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 2914 NE 102nd Ter		Transaction ID: 20100915080032-53
City Kansas City	State Zip Code MO 64155-3076	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.23
Name of Employer American Family Insurance Group	Occupation Agency Sales VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.26	

C.

Full Name (Last, First, Middle Initial) Michael J. Lubahn		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 5815 Fox Tail Rd		Transaction ID: 20100911080016-5
City Marshall	State Zip Code WI 53559-8972	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Family Insurance Group	Occupation District Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	107.46
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 28 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial) Brian R. Magiera		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 105 S 16th St Ste 3		Transaction ID: 20100911080016-22
City Ord	State NE	Zip Code 68862-1465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Family Insurance Group	Occupation District Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Lawrence J. Mc Nish		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 2125 Stonehaven Dr		Transaction ID: 20100901080019-136
City Sun Prairie	State WI	Zip Code 53590-3867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer American Family Insurance Group	Occupation Docmt Proc Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Lawrence J. Mc Nish		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 2125 Stonehaven Dr		Transaction ID: 20100915080032-136
City Sun Prairie	State WI	Zip Code 53590-3867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer American Family Insurance Group	Occupation Docmt Proc Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	55.00
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 29 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Bernard T. McCartan

Mailing Address W329S3172 Bryn Mawr Rd

City Dousman State WI Zip Code 53118-9789

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

Name of Employer American Family Insurance Group
Occupation Claims Legal VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.72

Date of Receipt 09 / 03 / 2010
Transaction ID: 20100901080019-59
Amount of Each Receipt this Period 16.31

B.

Full Name (Last, First, Middle Initial)
Bernard T. McCartan

Mailing Address W329S3172 Bryn Mawr Rd

City Dousman State WI Zip Code 53118-9789

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

Name of Employer American Family Insurance Group
Occupation Claims Legal VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.72

Date of Receipt 09 / 17 / 2010
Transaction ID: 20100915080032-59
Amount of Each Receipt this Period 16.31

C.

Full Name (Last, First, Middle Initial)
Sandra K. Merrill

Mailing Address 7558 N Outlook Ln

City Prescott Valley State AZ Zip Code 86315-4590

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2010
Transaction ID: 20100911080016-114
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 57.62

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 30 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Alan E. Meyer

Mailing Address 8818 Royal Oaks Dr

City State Zip Code
Verona WI 53593-7954

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

Name of Employer American Family Insurance Group
Occupation Life VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
618.84

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-32

Amount of Each Receipt this Period
34.38

B.

Full Name (Last, First, Middle Initial)
Alan E. Meyer

Mailing Address 8818 Royal Oaks Dr

City State Zip Code
Verona WI 53593-7954

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

Name of Employer American Family Insurance Group
Occupation Life VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
618.84

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-32

Amount of Each Receipt this Period
34.38

C.

Full Name (Last, First, Middle Initial)
Marc J. Miele

Mailing Address 14 Dorfmeister Ct

City State Zip Code
Madison WI 53714-3308

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

Name of Employer American Family Insurance Group
Occupation Png & Bus Techgy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-178

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **83.76**

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 31 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Marc J. Miele		Date of Receipt	
	Mailing Address 14 Dorfmeister Ct		M M / D D / Y Y Y Y 09 / 17 / 2010	
	City	State	Zip Code	Transaction ID: 20100915080032-177
	Madison	WI	53714-3308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer American Family Insurance Group		Occupation Png & Bus Techgy Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		270.00		

B.	Full Name (Last, First, Middle Initial) Tamera B. Montagna		Date of Receipt	
	Mailing Address 14 N Ridge Ave		M M / D D / Y Y Y Y 09 / 03 / 2010	
	City	State	Zip Code	Transaction ID: 20100901080019-92
	Arlington Heights	IL	60005-1536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer American Family Insurance Group		Occupation Pol Sales & Service Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		270.00		

C.	Full Name (Last, First, Middle Initial) Tamera B. Montagna		Date of Receipt	
	Mailing Address 14 N Ridge Ave		M M / D D / Y Y Y Y 09 / 17 / 2010	
	City	State	Zip Code	Transaction ID: 20100915080032-93
	Arlington Heights	IL	60005-1536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer American Family Insurance Group		Occupation Pol Sales & Service Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		270.00		

SUBTOTAL of Receipts This Page (optional)	▶	45.00
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 32 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Vanessa P. Mosley

Mailing Address 502 Woodside Ter

City Madison State WI Zip Code 53711-1429

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

Name of Employer American Family Insurance Group Occupation Consumer Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-194

Amount of Each Receipt this Period 15.00

B.

Full Name (Last, First, Middle Initial)
Vanessa P. Mosley

Mailing Address 502 Woodside Ter

City Madison State WI Zip Code 53711-1429

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

Name of Employer American Family Insurance Group Occupation Consumer Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-193

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Ann E. Newman

Mailing Address 7240 Summit

City Saint Joseph State MO Zip Code 64507-8068

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

Name of Employer American Family Insurance Group Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-255

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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 33 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Ann E. Newman		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 7240 Summit		Transaction ID: 20100915080032-254		
	City Saint Joseph	State MO	Zip Code 64507-8068	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Sales Director	Aggregate Year-to-Date 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Barbara L. Petrie		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 981 Augusta Dr Apt 4		Transaction ID: 20100901080019-118		
	City Oregon	State WI	Zip Code 53575-3930	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Strategy & Planning Manager	Aggregate Year-to-Date 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Barbara L. Petrie		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 981 Augusta Dr Apt 4		Transaction ID: 20100915080032-119		
	City Oregon	State WI	Zip Code 53575-3930	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Strategy & Planning Manager	Aggregate Year-to-Date 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	45.00
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 34 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Cesar A. Pinzon, Jr.

Mailing Address 1796 Trevino Cir

City Bolingbrook State IL Zip Code 60490-6605

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

Name of Employer American Family Insurance Group Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY 09 / 03 / 2010

Transaction ID: 20100901080019-244

Amount of Each Receipt this Period 15.00

B.

Full Name (Last, First, Middle Initial)
Cesar A. Pinzon, Jr.

Mailing Address 1796 Trevino Cir

City Bolingbrook State IL Zip Code 60490-6605

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

Name of Employer American Family Insurance Group Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY 09 / 17 / 2010

Transaction ID: 20100915080032-243

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Quesnel

Mailing Address 1007 Vista Ridge Ln

City Shakopee State MN Zip Code 55379-7904

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

Name of Employer American Family Insurance Group Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY 09 / 03 / 2010

Transaction ID: 20100901080019-257

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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 35 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Michael J. Quesnel	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1007 Vista Ridge Ln	Transaction ID: 20100915080032-256
	City State Zip Code Shakopee MN 55379-7904	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Robert D. Quesnel	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 22265 SW Chilkat Ter	Transaction ID: 20100901080019-263
	City State Zip Code Tualatin OR 97062-9075	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Robert D. Quesnel	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 22265 SW Chilkat Ter	Transaction ID: 20100915080032-262
	City State Zip Code Tualatin OR 97062-9075	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Family Insurance Group	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
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 36 / 48
(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

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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Jerome G. Rekowski

Mailing Address 2202 Colladay Point Dr

City Stoughton State WI Zip Code 53589-3013

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 514.32

Date of Receipt 09 / 03 / 2010
Transaction ID: 20100901080019-17
Amount of Each Receipt this Period 28.69

B.

Full Name (Last, First, Middle Initial)
Jerome G. Rekowski

Mailing Address 2202 Colladay Point Dr

City Stoughton State WI Zip Code 53589-3013

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

Name of Employer American Family Insurance Group
Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 514.32

Date of Receipt 09 / 17 / 2010
Transaction ID: 20100915080032-17
Amount of Each Receipt this Period 28.69

C.

Full Name (Last, First, Middle Initial)
Randall S. Roedell

Mailing Address 3014 Bonshaw Ct SE

City Olympia State WA Zip Code 98501-6658

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2010
Transaction ID: 20100911080016-131
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► **82.38**

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 37 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Keith J. Ryniak	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 1713 Dunwoody Ln	Transaction ID: 20100901080019-246
	City State Zip Code Waunakee WI 53597-2369	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00

B.	Full Name (Last, First, Middle Initial) Keith J. Ryniak	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1713 Dunwoody Ln	Transaction ID: 20100915080032-245
	City State Zip Code Waunakee WI 53597-2369	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00

C.	Full Name (Last, First, Middle Initial) Vince L. Salvione	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 4720 E Michigan Ave	Transaction ID: 20100911080016-117
	City State Zip Code Phoenix AZ 85032-9515	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Family Insurance Group Occupation District Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

SUBTOTAL of Receipts This Page (optional)	55.00
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 38 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial)
Jack C. Salzwedel

Mailing Address 5117 Saint Cyr Rd

City Middleton State WI Zip Code 53562-2457

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

Name of Employer American Family Insurance Group
Occupation President and Chf Op Ofr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1084.19

Date of Receipt 09 / 03 / 2010
Transaction ID: 20100901080019-4
 Amount of Each Receipt this Period 61.54

B. Full Name (Last, First, Middle Initial)
Jack C. Salzwedel

Mailing Address 5117 Saint Cyr Rd

City Middleton State WI Zip Code 53562-2457

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

Name of Employer American Family Insurance Group
Occupation President and Chf Op Ofr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1084.19

Date of Receipt 09 / 17 / 2010
Transaction ID: 20100915080032-4
 Amount of Each Receipt this Period 61.54

C. Full Name (Last, First, Middle Initial)
Gary M. Schraufnagel

Mailing Address 7816 E Kael St

City Mesa State AZ Zip Code 85207-2130

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 03 / 2010
Transaction ID: 20100901080019-267
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional) ► 135.58

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 39 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Gary M. Schraufnagel

Mailing Address 7816 E Kael St

City State Zip Code
Mesa AZ 85207-2130

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

Name of Employer American Family Insurance Group
Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 20100915080032-266

Amount of Each Receipt this Period
12.50

B.

Full Name (Last, First, Middle Initial)
Daniel R. Schultz

Mailing Address 5211 Tonyawatha Trl

City State Zip Code
Monona WI 53716-2918

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

Name of Employer American Family Insurance Group
Occupation Chief Financial Ofcr/Trsr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.30

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 20100901080019-6

Amount of Each Receipt this Period
34.85

C.

Full Name (Last, First, Middle Initial)
Daniel R. Schultz

Mailing Address 5211 Tonyawatha Trl

City State Zip Code
Monona WI 53716-2918

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

Name of Employer American Family Insurance Group
Occupation Chief Financial Ofcr/Trsr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.30

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 20100915080032-6

Amount of Each Receipt this Period
34.85

SUBTOTAL of Receipts This Page (optional) ► **82.20**

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 40 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Scott J. Seymour

Mailing Address 696 Acadia Way

City State Zip Code
Verona WI 53593-8227

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

Name of Employer American Family Insurance Group
Occupation Govt Affairs/Compl VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.85

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-47

Amount of Each Receipt this Period
18.62

B.

Full Name (Last, First, Middle Initial)
Scott J. Seymour

Mailing Address 696 Acadia Way

City State Zip Code
Verona WI 53593-8227

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

Name of Employer American Family Insurance Group
Occupation Govt Affairs/Compl VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.85

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-47

Amount of Each Receipt this Period
18.62

C.

Full Name (Last, First, Middle Initial)
Christopher S. Spencer

Mailing Address 139 Lakewood Blvd

City State Zip Code
Madison WI 53704-5913

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

Name of Employer American Family Insurance Group
Occupation CLO/Secretary Sr VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.70

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-8

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **62.24**

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 41 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Christopher S. Spencer		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 139 Lakewood Blvd		Transaction ID: 20100915080032-8		
	City Madison	State WI	Zip Code 53704-5913	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group		Occupation CLO/Secretary Sr VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 439.70			

B.	Full Name (Last, First, Middle Initial) Pamela W. Stampen		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 3616 Fellowship Rd		Transaction ID: 20100901080019-60		
	City Middleton	State WI	Zip Code 53562-5132	Amount of Each Receipt this Period 15.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group		Occupation Cust Svc Touch Pts VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 259.95			

C.	Full Name (Last, First, Middle Initial) Pamela W. Stampen		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 3616 Fellowship Rd		Transaction ID: 20100915080032-60		
	City Middleton	State WI	Zip Code 53562-5132	Amount of Each Receipt this Period 15.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group		Occupation Cust Svc Touch Pts VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 259.95			

SUBTOTAL of Receipts This Page (optional)	▶	55.77
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 42 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Tony M. Stark

Mailing Address PO Box 78

City State Zip Code
Andover KS 67002-0078

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: 20100911080016-84

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Richard M. Steffen

Mailing Address 1305 Lawton Ct

City State Zip Code
Waunakee WI 53597-2643

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

Name of Employer American Family Insurance Group
Occupation Agency Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 20100901080019-55

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Richard M. Steffen

Mailing Address 1305 Lawton Ct

City State Zip Code
Waunakee WI 53597-2643

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

Name of Employer American Family Insurance Group
Occupation Agency Sales VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 20100915080032-55

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 43 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) John W. Thedinga		Date of Receipt
	Mailing Address 137 E Wilson St Unit 1013		<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 / 03 / 2010
	City	State	Zip Code
	Madison	WI	53703-4081
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100901080019-33
Name of Employer American Family Insurance Group		Occupation Prod Lns Territory VP	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 ▼ 645.30	35.85

B.	Full Name (Last, First, Middle Initial) John W. Thedinga		Date of Receipt
	Mailing Address 137 E Wilson St Unit 1013		<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 / 17 / 2010
	City	State	Zip Code
	Madison	WI	53703-4081
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100915080032-33
Name of Employer American Family Insurance Group		Occupation Prod Lns Territory VP	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 ▼ 645.30	35.85

C.	Full Name (Last, First, Middle Initial) Mary A. Theilen		Date of Receipt
	Mailing Address 1783 Tam O Shanter Trl		<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 / 03 / 2010
	City	State	Zip Code
	Sun Prairie	WI	53590-9518
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100901080019-28
Name of Employer American Family Insurance Group		Occupation P & C Loss Reservin VP	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 ▼ 240.58	18.46

SUBTOTAL of Receipts This Page (optional)	90.16
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 44 / 48
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.	Full Name (Last, First, Middle Initial) Mary A. Theilen		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 1783 Tam O Shanter Trl		Transaction ID: 20100915080032-28		
	City Sun Prairie	State WI	Zip Code 53590-9518	Amount of Each Receipt this Period 18.46	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation P & C Loss Reservin VP	Aggregate Year-to-Date 240.58		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) William B. Westrate		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 3099 Lymans Run		Transaction ID: 20100901080019-35		
	City Sun Prairie	State WI	Zip Code 53590-9828	Amount of Each Receipt this Period 18.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Personal Lines VP	Aggregate Year-to-Date 324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) William B. Westrate		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 3099 Lymans Run		Transaction ID: 20100915080032-35		
	City Sun Prairie	State WI	Zip Code 53590-9828	Amount of Each Receipt this Period 18.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Family Insurance Group	Occupation Personal Lines VP	Aggregate Year-to-Date 324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	54.46
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 45 / 48
(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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)
Julie M. Woods

Mailing Address 24 Summerhill Ct

City State Zip Code
Saint Joseph MO 64507-9677

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

Name of Employer American Family Insurance Group
Occupation Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 20100901080019-174

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Julie M. Woods

Mailing Address 24 Summerhill Ct

City State Zip Code
Saint Joseph MO 64507-9677

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

Name of Employer American Family Insurance Group
Occupation Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 20100915080032-173

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Timothy A. Yarbrough

Mailing Address 10383 SW Whitebark Ln

City State Zip Code
Tualatin OR 97062-7612

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

Name of Employer American Family Insurance Group
Occupation District Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 20100911080016-125

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 46 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Joseph J. Zwettler

Mailing Address 906 Sunset Bay

City State Zip Code
Waunakee WI 53597-2801

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

Name of Employer American Family Insurance Group
Occupation Brokerage/Alliances VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: 20100901080019-37

Amount of Each Receipt this Period
21.69

B. Full Name (Last, First, Middle Initial)
Joseph J. Zwettler

Mailing Address 906 Sunset Bay

City State Zip Code
Waunakee WI 53597-2801

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

Name of Employer American Family Insurance Group
Occupation Brokerage/Alliances VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 20100915080032-37

Amount of Each Receipt this Period
21.70

SUBTOTAL of Receipts This Page (optional)	43.39
TOTAL This Period (last page this line number only)	2595.84

**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

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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A. Full Name (Last, First, Middle Initial) Judy Biggert for Congress <hr/> Mailing Address PO Box 637 <hr/> City Hinsdale State IL Zip Code 60522 <hr/> Purpose of Disbursement 2010 General Candidate Name Judy Biggert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input 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: IL District: 13	Transaction ID: C29AD2BF998BE937F9E Date of Disbursement 09 / 09 / 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) ▼
B. Full Name (Last, First, Middle Initial) The Sensenbrenner Committee <hr/> Mailing Address P.O. Box 575 <hr/> City Brookfield State WI Zip Code 53008 <hr/> Purpose of Disbursement 2010 Primary Candidate Name F. James Sensenbrenner, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 05	Transaction ID: C6E15D6F2F87A45AE5D Date of Disbursement 09 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement 2010 General Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input 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: OH District: 12	Transaction ID: 479B65F01342A74DDC9 Date of Disbursement 09 / 20 / 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) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 48

<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)

A.

Full Name (Last, First, Middle Initial)

Tim Johnson for South Dakota Inc

Mailing Address PO Box 1536

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2014 Primary

Candidate Name
Tim Johnson

Office Sought: House
 Senate
 President

State: SD District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 3FF391C1B011A2B1ADB

Date of Disbursement

09 / 20 / 2010

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)

4000.00