

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="39260.79"/>	<input type="text" value="39260.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28811.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12798.30"/>	<input type="text" value="30970.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="41610.23"/>	<input type="text" value="70231.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14520.24"/>	<input type="text" value="43141.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27089.99"/>	<input type="text" value="27089.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Insurance Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5729.25	9734.73
(ii) Unitemized	66.43	1714.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5795.68	11448.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	19500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12795.68	30948.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.62	21.43
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 Transfers (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))..... ▶	12798.30	30970.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12798.30	30970.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	20.24	141.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20.24	141.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	41000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	14520.24	43141.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14520.24	43141.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12795.68	30948.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12795.68	30948.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20.24	141.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20.24	141.08

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

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

FOR LINE NUMBER: PAGE 6 OF 15
(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 Insurance Association Political Action Committee

A. Fred Bosse
 Full Name (Last, First, Middle Initial)
 Mailing Address 28224 Equestrian
 City State Zip Code
 Fair Oaks Ranch TX 78015-4655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Insurance Association Vice President, Southwest Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 591.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : 7848F69A952D4FADA030
 Amount of Each Receipt this Period
 39.40

B. Fred Bosse
 Full Name (Last, First, Middle Initial)
 Mailing Address 28224 Equestrian
 City State Zip Code
 Fair Oaks Ranch TX 78015-4655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Insurance Association Vice President, Southwest Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 591.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 6AB383161774457491D2
 Amount of Each Receipt this Period
 39.40

C. Gary Henning
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Cambridge Rd
 City State Zip Code
 Albany NY 12203-3002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Insurance Association Assistant Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : 9FC87BEFCD044DE0A943
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.80
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<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	<input type="checkbox"/> 18

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

A. Gary Henning
Full Name (Last, First, Middle Initial)

Mailing Address 14 Cambridge Rd

City Albany State NY Zip Code 12203-3002

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

Name of Employer American Insurance Association Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : 4B859F8748D0432E81CF

Amount of Each Receipt this Period **25.00**

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt **07 / 11 / 2014**

Transaction ID : 558A48AD20174E3CACB8

Amount of Each Receipt this Period **192.30**

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt **07 / 25 / 2014**

Transaction ID : 60ED86FA99624F2C975B

Amount of Each Receipt this Period **192.30**

SUBTOTAL of Receipts This Page (optional)..... **409.60**

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

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

A. Willem Rijkxen
Full Name (Last, First, Middle Initial)

Mailing Address 2101 L St NW
Ste 400

City Washington State DC Zip Code 20037-1542

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
07 / 11 / 2014
Transaction ID : 7F772F8A3FB6424E8752

Amount of Each Receipt this Period
38.46

B. Willem Rijkxen
Full Name (Last, First, Middle Initial)

Mailing Address 2101 L St NW
Ste 400

City Washington State DC Zip Code 20037-1542

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
07 / 25 / 2014
Transaction ID : 78CCD400E1164F1FA13C

Amount of Each Receipt this Period
38.46

C. Thomas Santos
Full Name (Last, First, Middle Initial)

Mailing Address 2101 L St NW

City Washington State DC Zip Code 20037-1526

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

Name of Employer American Insurance Association Occupation VP Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 29 / 2014
Transaction ID : DC9D0D41E0C048CA81DE

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5076.92

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: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Insurance Association Political Action Committee

A. Melissa W. Shelk
 Full Name (Last, First, Middle Initial)
 Mailing Address 4845 Yorktown Blvd
 City Arlington State VA Zip Code 22207-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Insurance Association Occupation Vice President-Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 11 / 2014
Transaction ID : 1D2444ECF747198083
 Amount of Each Receipt this Period 75.00

B. Steve Suchil
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Bastone Ct
 City West Sacramento State CA Zip Code 95691-5186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Insurance Association Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.95

Date of Receipt 07 / 25 / 2014
Transaction ID : 8D42C4C20CF34B3AAB84
 Amount of Each Receipt this Period 13.93

C. J. Stephen Zielezienski
 Full Name (Last, First, Middle Initial)
 Mailing Address 10514 James Wren Way
 City Fairfax State VA Zip Code 22030-8119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Insurance Association Occupation Sr. Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 11 / 2014
Transaction ID : 7FD297D4EBF14A2A8921
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶	113.93
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 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Insurance Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer Occupation
American Insurance Association Sr. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : 880510C57C5A41EFA22D

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	5729.25

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

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

A. Azoa Services Corporation Political Action Committee (ALLIANZ OF AMERICA PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Connecticut Ave., NW
 Suite 950
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00095109
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : CDE186BE58AB4769AAD0
 Amount of Each Receipt this Period
 5000.00

B. CUNA Mutual Holding Company Political Action Committee (CUNA MUTUAL PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 5910 Mineral Point Rd, PO Box 747
 Mail Stop 5910 4 A2
 City Madison State WI Zip Code 53701-0747
 FEC ID number of contributing federal political committee. **C** C00402107
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : 9AED6BBF14524B8EBA72
 Amount of Each Receipt this Period
 2000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capito for West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
2014 General

011

Candidate Name

Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : **A734A70E4856ABF8902**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
2014 Primary

011

Candidate Name

Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : **91850CFFFA3FC822B59**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Citizens for Prosperity in America Today PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

Transaction ID : **8E7C56DB184D3EBB4B5**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dennis Ross

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement
2014 Primary

011

Candidate Name

Dennis A. Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 1B45498659BAE28363B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
2014 Primary

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : 3632F67526933630677

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

New Democrat Coalition PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 68E89D89BE28528ABF7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Prairieland PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Prairieland PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : 7A821C7A2FE380B0CE2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stutzman for Congress

Mailing Address PO Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement
2014 General

011

Candidate Name

Marlin Andrew Stutzman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 06D710F7C4AB162569E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
2014 Special General

011

Candidate Name

Timothy Eugene Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: SC District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 8557E50D38EAEDA2E65

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary

011

Candidate Name
Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : E350E61F1CBB30D510A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00

14500.00