

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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  /  /  through  /  /

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 Lee Fanshaw

Signature of Treasurer Lee Fanshaw [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

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="5384.18"/>	<input type="text" value="5384.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4049.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5372.80"/>	<input type="text" value="36537.69"/>
(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="9421.87"/>	<input type="text" value="41921.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="39500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2421.87"/>	<input type="text" value="2421.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

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).....	2313.80	7494.75
(ii) Unitemized .....	3059.00	28042.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5372.80	35537.69
(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) .....	5372.80	35537.69
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	1000.00
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 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))..... ▶	5372.80	36537.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5372.80	36537.69

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	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.....	7000.00	39500.00
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	0.00
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)) ..	7000.00	39500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	39500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5372.80	35537.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5372.80	35537.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mark V. Afable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1826 Carrington Dr  
 City Sun Prairie State WI Zip Code 53590-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 488.74

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-41**  
 Amount of Each Receipt this Period 34.91

**B. Mark V. Afable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1826 Carrington Dr  
 City Sun Prairie State WI Zip Code 53590-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 488.74

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-41**  
 Amount of Each Receipt this Period 34.91

**C. Thomas J. Anfenon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10562 Chippewa Beach Rd NW  
 City Cass Lake State MN Zip Code 56633-2049  
 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 ▼ 280.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-271**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.82  
**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 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. Thomas J. Anfonson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10562 Chippewa Beach Rd NW  
 City State Zip Code  
 Cass Lake MN 56633-2049  
 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 ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-270**  
 Amount of Each Receipt this Period  
 20.00

**B. Gerry W. Benusa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 Bongard Dr  
 City State Zip Code  
 Waunakee WI 53597-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group  
 Occupation Chief Sales Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-21**  
 Amount of Each Receipt this Period  
 25.00

**C. Gerry W. Benusa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 Bongard Dr  
 City State Zip Code  
 Waunakee WI 53597-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group  
 Occupation Chief Sales Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-21**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Elizabeth A. Bergquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1797 Oaken Vale Rd  
 City Marshall State WI Zip Code 53559-8973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Sls & Service Ops VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **430.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 2014070223746-162**  
 Amount of Each Receipt this Period **35.00**

**B. Elizabeth A. Bergquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1797 Oaken Vale Rd  
 City Marshall State WI Zip Code 53559-8973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Sls & Service Ops VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **430.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-162**  
 Amount of Each Receipt this Period **35.00**

**C. James S. Buchheim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4598 Autumn Blaze Trl  
 City De Forest State WI Zip Code 53532-2482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Communications VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **264.54**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 2014070223746-34**  
 Amount of Each Receipt this Period **19.16**

**SUBTOTAL** of Receipts This Page (optional)..... **89.16**  
**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 9 OF 38
<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. James S. Buchheim**  
Full Name (Last, First, Middle Initial)

Mailing Address 4598 Autumn Blaze Trl

City De Forest State WI Zip Code 53532-2482

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

Name of Employer American Family Insurance Group Occupation Communications VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.54

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-34**

Amount of Each Receipt this Period 19.16

**B. Anthony D. Chiarito**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Gateway Ln

City Oak Brook State IL Zip Code 60523-2971

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

Name of Employer American Family Insurance Group Occupation Agency Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-323**

Amount of Each Receipt this Period 20.00

**C. Anthony D. Chiarito**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Gateway Ln

City Oak Brook State IL Zip Code 60523-2971

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

Name of Employer American Family Insurance Group Occupation Agency Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-322**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.16

**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 10 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. Donald S. Cleasby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 W Washington Ave  
 Unit 609  
 City Madison State WI Zip Code 53703-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation State Govt Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-214**  
 Amount of Each Receipt this Period  
 15.00

**B. Timothy D. Constien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 Craig Ln  
 City Sun Prairie State WI Zip Code 53590-8816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Personal Lines President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-23**  
 Amount of Each Receipt this Period  
 24.91

**C. Timothy D. Constien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 Craig Ln  
 City Sun Prairie State WI Zip Code 53590-8816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Personal Lines President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-23**  
 Amount of Each Receipt this Period  
 24.91

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.82
<b>TOTAL</b> 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 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Justin B. Cruz</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : 2014070223746-36</b>
Mailing Address 1005 Glacier Hill Dr		Amount of Each Receipt this Period 24.83
City Madison	State WI	Zip Code 53704-8586
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 345.46	
Name of Employer American Family Insurance Group	Occupation Strat Data&Anytcs VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Justin B. Cruz</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014071682817-36</b>
Mailing Address 1005 Glacier Hill Dr		Amount of Each Receipt this Period 24.83
City Madison	State WI	Zip Code 53704-8586
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 345.46	
Name of Employer American Family Insurance Group	Occupation Strat Data&Anytcs VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James L. Doepke</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014071682817-198</b>
Mailing Address 4525 Kimberly Ct N		Amount of Each Receipt this Period 15.00
City Plymouth	State MN	Zip Code 55446-1396
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 210.00	
Name of Employer American Family Insurance Group	Occupation Regional Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.66
<b>TOTAL</b> 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 12 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. James C. Eason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 126  
 City Sun Prairie State WI Zip Code 53590-0126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Regional Product Assoc VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-187**  
 Amount of Each Receipt this Period  
**15.00**

**B. William T. Fancher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Woodbridge Trl  
 City Waunakee State WI Zip Code 53597-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Life President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **332.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-25**  
 Amount of Each Receipt this Period  
**24.25**

**C. William T. Fancher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Woodbridge Trl  
 City Waunakee State WI Zip Code 53597-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Life President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **332.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-25**  
 Amount of Each Receipt this Period  
**24.25**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>63.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 38
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Lee C. Fanshaw</b>		Date of Receipt
Mailing Address 1648 Erin HI		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Stoughton State WI Zip Code 53589-4853		<b>Transaction ID : 2014071682817-218</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Family Insurance Group Occupation Federal Govt Affair Director		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="210.00"/>

Full Name (Last, First, Middle Initial) <b>B. Sebastian J. Geraci II</b>		Date of Receipt
Mailing Address 1628 Bellewood Dr		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Waunakee State WI Zip Code 53597-2362		<b>Transaction ID : 2014070223746-43</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Family Insurance Group Occupation Strategy VP		<input type="text" value="26.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="332.96"/>

Full Name (Last, First, Middle Initial) <b>C. Sebastian J. Geraci II</b>		Date of Receipt
Mailing Address 1628 Bellewood Dr		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Waunakee State WI Zip Code 53597-2362		<b>Transaction ID : 2014071682817-43</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Family Insurance Group Occupation Strategy VP		<input type="text" value="26.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="332.96"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67.16"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 38
	<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. Carolyn S. Gilb**  
Full Name (Last, First, Middle Initial)

Mailing Address 3075 Lymans Run

City Sun Prairie State WI Zip Code 53590-9828

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 ▼ **560.00**

Date of Receipt **07 / 03 / 2014**

**Transaction ID : 2014070223746-164**

Amount of Each Receipt this Period **40.00**

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

Mailing Address 3075 Lymans Run

City Sun Prairie State WI Zip Code 53590-9828

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 ▼ **560.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014071682817-164**

Amount of Each Receipt this Period **40.00**

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

Mailing Address 5838 Tree Line Dr

City Fitchburg State WI Zip Code 53711-5829

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

Name of Employer American Family Insurance Group Occupation Rein/B&A Ins Sol President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014071682817-14**

Amount of Each Receipt this Period **15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **95.00**

**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 15 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. Kari E. Grasee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1218 Lawton Ln  
 City Waunakee State WI Zip Code 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-16**  
 Amount of Each Receipt this Period  
 20.00

**B. Kari E. Grasee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1218 Lawton Ln  
 City Waunakee State WI Zip Code 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-16**  
 Amount of Each Receipt this Period  
 20.00

**C. Cindy A. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11956 N 200 W  
 City Wheatfield State IN Zip Code 46392-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-317**  
 Amount of Each Receipt this Period  
 23.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.00
<b>TOTAL</b> 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 16 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cindy A. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11956 N 200 W  
 City Wheatfield State IN Zip Code 46392-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **322.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-316**  
 Amount of Each Receipt this Period **23.00**

**B. Peter C. Gunder**  
 Full Name (Last, First, Middle Initial)  
 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 Chief Bus Develop Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 2014070223746-45**  
 Amount of Each Receipt this Period **50.00**

**C. Peter C. Gunder**  
 Full Name (Last, First, Middle Initial)  
 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 Chief Bus Develop Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-45**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>123.00</b>
<b>TOTAL</b> 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 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

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

Mailing Address 1179 S Arbor Island Pl

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 Agency Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-400**

Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**B. David C. Holman**

Mailing Address 3496 Leflore Ct

City Verona State WI Zip Code 53593-9690

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

Name of Employer American Family Insurance Group Occupation Chief Strategy Ofc/Sec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 427.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-3**

Amount of Each Receipt this Period  
 31.16

Full Name (Last, First, Middle Initial)  
**C. David C. Holman**

Mailing Address 3496 Leflore Ct

City Verona State WI Zip Code 53593-9690

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

Name of Employer American Family Insurance Group Occupation Chief Strategy Ofc/Sec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 427.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-3**

Amount of Each Receipt this Period  
 31.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.32
<b>TOTAL</b> 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 18 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

Full Name (Last, First, Middle Initial)  
**A. Latunja Y. Jackson**

Mailing Address 5035 Prairie Sage Ln

City Naperville State IL Zip Code 60564-4326

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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014071682817-263**

Amount of Each Receipt this Period  
**15.00**

Full Name (Last, First, Middle Initial)  
**B. Gerald F. Johnson**

Mailing Address 2003 Saratoga Rd

City Waukesha State WI Zip Code 53186-1611

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

Name of Employer American Family Insurance Group Occupation Perf & Quality Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 03 / 2014**

**Transaction ID : 2014070223746-150**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Gerald F. Johnson**

Mailing Address 2003 Saratoga Rd

City Waukesha State WI Zip Code 53186-1611

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

Name of Employer American Family Insurance Group Occupation Perf & Quality Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014071682817-150**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.00</b>
<b>TOTAL</b> 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 19 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Kristin R. Kirkconnell</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : 2014070223746-11</b>
Mailing Address 5591 Polo Rdg		Amount of Each Receipt this Period 25.00
City Waunakee	State WI	
Zip Code 53597-8701		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Chief Information Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Kristin R. Kirkconnell</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014071682817-11</b>
Mailing Address 5591 Polo Rdg		Amount of Each Receipt this Period 25.00
City Waunakee	State WI	
Zip Code 53597-8701		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Chief Information Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jan A. Kittoe</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : 2014070223746-108</b>
Mailing Address 500 N Ridge Dr		Amount of Each Receipt this Period 25.00
City Waunakee	State WI	
Zip Code 53597-3131		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Family Insurance Group	Occupation Talent Management Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 20 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. Jan A. Kittoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 N Ridge Dr  
 City Waunakee State WI Zip Code 53597-3131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Talent Management Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-108**  
 Amount of Each Receipt this Period 25.00

**B. Bruce C. Lee Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2993 Bunker Vw  
 City Sun Prairie State WI Zip Code 53590-9196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation PL Corporate UW Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-203**  
 Amount of Each Receipt this Period 15.00

**C. Christopher R. Listau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5830 Cobblestone Ln  
 City Waunakee State WI Zip Code 53597-8725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Commercial F/R President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.96

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-26**  
 Amount of Each Receipt this Period 52.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.33
<b>TOTAL</b> 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 21 OF 38
	<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. Christopher R. Listau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5830 Cobblestone Ln  
 City Waunakee State WI Zip Code 53597-8725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Commercial F/R President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.96

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-26**  
 Amount of Each Receipt this Period 52.33

**B. Charles P. Manganelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4056 Jersey Ct  
 City Naperville State IL Zip Code 60564-7150  
 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 ▼ 220.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-265**  
 Amount of Each Receipt this Period 20.00

**C. Bernard T. McCartan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W346S3290 Holland Ct  
 City Oconomowoc State WI Zip Code 53066-8713  
 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 ▼ 350.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-229**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.33  
**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 22 OF 38
	<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. Bernard T. McCartan**  
Full Name (Last, First, Middle Initial)

Mailing Address W346S3290 Holland Ct

City Oconomowoc State WI Zip Code 53066-8713

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 ▼ **350.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014071682817-229**

Amount of Each Receipt this Period **25.00**

**B. Lawrence J. McNish**  
Full Name (Last, First, Middle Initial)

Mailing Address 2125 Stonehaven Dr

City Sun Prairie State WI Zip Code 53590-3867

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

Name of Employer American Family Insurance Group Occupation Docmt Proc Resource Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014071682817-77**

Amount of Each Receipt this Period **15.00**

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

Mailing Address 14 Dorfmeister Ct

City Madison State WI Zip Code 53714-3308

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

Name of Employer American Family Insurance Group Occupation Affil Svcs&Midvale Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **214.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014071682817-71**

Amount of Each Receipt this Period **17.00**

**SUBTOTAL** of Receipts This Page (optional)..... **57.00**

**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 23 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Vanessa P. Mosley**  
 Full Name (Last, First, Middle Initial)  
 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 **210.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-219**  
 Amount of Each Receipt this Period **15.00**

**B. Stephen E. Mundt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Island Dr  
 City De Forest State WI Zip Code 53532-3221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation PL Shared Services Assoc VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-179**  
 Amount of Each Receipt this Period **15.00**

**C. Kenneth M. Muth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W9122 Overlook Ct  
 City Cambridge State WI Zip Code 53523-9050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Strat Com/Media Rel Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **290.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 2014070223746-143**  
 Amount of Each Receipt this Period **25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>55.00</b>
<b>TOTAL</b> 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 OF 38  
(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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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. Kenneth M. Muth**  
Full Name (Last, First, Middle Initial)  
Mailing Address W9122 Overlook Ct  
City Cambridge State WI Zip Code 53523-9050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Family Insurance Group Occupation Strat Com/Media Rel Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-143**  
Amount of Each Receipt this Period 25.00

**B. Sherrie L. Pelusi**  
Full Name (Last, First, Middle Initial)  
Mailing Address N4845 Pine Rd  
City Birnamwood State WI Zip Code 54414-9681  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-299**  
Amount of Each Receipt this Period 20.00

**c. Sherrie L. Pelusi**  
Full Name (Last, First, Middle Initial)  
Mailing Address N4845 Pine Rd  
City Birnamwood State WI Zip Code 54414-9681  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-298**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**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 25 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Michael J. Quesnel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1759 Dom Cir

City Saint Augusta State MN Zip Code 55320-4535

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

Name of Employer American Family Insurance Group Occupation Agency Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-393**

Amount of Each Receipt this Period  
 15.00

**B. Robert D. Quesnel**  
Full Name (Last, First, Middle Initial)

Mailing Address 22265 SW Chilkat Ter

City Tualatin State OR Zip Code 97062-9075

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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-283**

Amount of Each Receipt this Period  
 15.00

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

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 Sls Strat & Suppt VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-166**

Amount of Each Receipt this Period  
 32.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.16
<b>TOTAL</b> 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 26 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)**

Full Name (Last, First, Middle Initial) <b>A. Jerome G. Rekowski</b>		Date of Receipt										
Mailing Address 2202 Colladay Point Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>18</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	18	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	18	/	2014								
City	State	Zip Code										
Stoughton	WI	53589-3013										
FEC ID number of contributing federal political committee.		Transaction ID : 2014071682817-166										
C		Amount of Each Receipt this Period										
		32.16										
Name of Employer	Occupation											
American Family Insurance Group	Sls Strat & Suppt VP											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.24											

Full Name (Last, First, Middle Initial) <b>B. Julie A. Rupert</b>		Date of Receipt										
Mailing Address 6501 Forest Park Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>03</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	03	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	03	/	2014								
City	State	Zip Code										
De Forest	WI	53532-2701										
FEC ID number of contributing federal political committee.		Transaction ID : 2014070223746-38										
C		Amount of Each Receipt this Period										
		22.00										
Name of Employer	Occupation											
American Family Insurance Group	Business Intgr VP											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	306.50											

Full Name (Last, First, Middle Initial) <b>C. Julie A. Rupert</b>		Date of Receipt										
Mailing Address 6501 Forest Park Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>18</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	18	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	18	/	2014								
City	State	Zip Code										
De Forest	WI	53532-2701										
FEC ID number of contributing federal political committee.		Transaction ID : 2014071682817-38										
C		Amount of Each Receipt this Period										
		22.00										
Name of Employer	Occupation											
American Family Insurance Group	Business Intgr VP											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	306.50											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.16
<b>TOTAL</b> 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 OF 38	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. Keith J. Ryniak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1713 Dunwoody Ln  
 City Waunakee State WI Zip Code 53597-2369  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-268**  
 Amount of Each Receipt this Period  
 15.00

**B. Jack C. Salzwedel**  
 Full Name (Last, First, Middle Initial)  
 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 Chairman Chief Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-6**  
 Amount of Each Receipt this Period  
 81.25

**C. Jack C. Salzwedel**  
 Full Name (Last, First, Middle Initial)  
 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 Chairman Chief Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-6**  
 Amount of Each Receipt this Period  
 81.25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.50
<b>TOTAL</b> 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 28 OF 38
	<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. Judd T. Schemmel**  
Full Name (Last, First, Middle Initial)

Mailing Address 7614 Sawmill Rd

City Madison State WI Zip Code 53717-2207

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 ▼ 210.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-221**

Amount of Each Receipt this Period 15.00

**B. Mary L. Schmoeger**  
Full Name (Last, First, Middle Initial)

Mailing Address 1986 Rathert Rd

City Cottage Grove State WI Zip Code 53527-9633

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

Name of Employer American Family Insurance Group Occupation Chief Admin Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-8**

Amount of Each Receipt this Period 15.00

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

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 ▼ 245.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-287**

Amount of Each Receipt this Period 17.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 47.50

**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 29 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. Gary M. Schraufnagel**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 American Family Insurance Group Sales Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-286**  
 Amount of Each Receipt this Period  
 17.50

**B. Daniel R. Schultz**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 American Family Insurance Group Entrps President/ Chf Op Ofr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-10**  
 Amount of Each Receipt this Period  
 53.75

**C. Daniel R. Schultz**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 American Family Insurance Group Entrps President/ Chf Op Ofr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-10**  
 Amount of Each Receipt this Period  
 53.75

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 30 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Scott J. Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 696 Acadia Way  
 City Verona State WI Zip Code 53593-8227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Corp Lgl & Reg Aff VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.80

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-231**  
 Amount of Each Receipt this Period 30.00

**B. Scott J. Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 696 Acadia Way  
 City Verona State WI Zip Code 53593-8227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Corp Lgl & Reg Aff VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.80

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-231**  
 Amount of Each Receipt this Period 30.00

**C. Pamela W. Stampen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3616 Fellowship Rd  
 City Middleton State WI Zip Code 53562-5132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Community Devel Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.36

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-144**  
 Amount of Each Receipt this Period 22.03

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.03  
**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 OF 38
	<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. Pamela W. Stampen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3616 Fellowship Rd  
City Middleton State WI Zip Code 53562-5132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Family Insurance Group Occupation Community Devel Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **312.36**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-144**  
Amount of Each Receipt this Period **22.03**

**B. Tony M. Stark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 717 S Andover Rd  
City Andover State KS Zip Code 67002-8806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-359**  
Amount of Each Receipt this Period **15.00**

**C. Richard M. Steffen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5864 Cobblestone Ln  
City Waunakee State WI Zip Code 53597-8725  
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 **350.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 2014070223746-168**  
Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **62.03**  
**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 32 OF 38
<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. Richard M. Steffen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5864 Cobblestone Ln  
 City Waunakee State WI Zip Code 53597-8725  
 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 ▼ 350.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-168**  
 Amount of Each Receipt this Period 25.00

**B. Stephen J. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26331 W Cedar Niles Cir  
 City Olathe State KS Zip Code 66061-7478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-362**  
 Amount of Each Receipt this Period 17.00

**C. Stephen J. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26331 W Cedar Niles Cir  
 City Olathe State KS Zip Code 66061-7478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-361**  
 Amount of Each Receipt this Period 17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.00
<b>TOTAL</b> 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 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mary A. Theilen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Vista Cir  
 City Columbus State WI Zip Code 53925-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Enterprise Risk Mng VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-19**  
 Amount of Each Receipt this Period  
 22.75

**B. Mary A. Theilen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Vista Cir  
 City Columbus State WI Zip Code 53925-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation Enterprise Risk Mng VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014071682817-19**  
 Amount of Each Receipt this Period  
 22.75

**C. William B. Westrate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3099 Lymans Run  
 City Sun Prairie State WI Zip Code 53590-9828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation American Family Chf Op Ofr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 2014070223746-13**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.50
<b>TOTAL</b> 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 34 OF 38
	<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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

**A. William B. Westrate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3099 Lymans Run  
 City Sun Prairie State WI Zip Code 53590-9828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Family Insurance Group Occupation American Family Chf Op Ofr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-13**  
 Amount of Each Receipt this Period 25.00

**B. Julie M. Woods**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Summerhill Ct  
 City Saint Joseph State MO Zip Code 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 ▼ 280.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : 2014070223746-200**  
 Amount of Each Receipt this Period 20.00

**C. Julie M. Woods**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Summerhill Ct  
 City Saint Joseph State MO Zip Code 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 ▼ 280.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014071682817-200**  
 Amount of Each Receipt this Period 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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 OF 38
	<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. Telisa L. Yancy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9421 Elderberry Rd  
City Middleton State WI Zip Code 53562-4365  
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 **333.30**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 2014070223746-47**  
Amount of Each Receipt this Period **24.33**

**B. Telisa L. Yancy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9421 Elderberry Rd  
City Middleton State WI Zip Code 53562-4365  
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 **333.30**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-47**  
Amount of Each Receipt this Period **24.33**

**C. Timothy A. Yarbrough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4960 N Ardmore Ave  
City Whitefish Bay State WI Zip Code 53217-6003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Family Insurance Group Occupation Agency Sales Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014071682817-307**  
Amount of Each Receipt this Period **15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>63.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2313.80</b>

**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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Foster for Congress**

Mailing Address PO Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Bill Foster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2014

Transaction ID : A36BF0A4F4E035FA94F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Heartland Values PAC**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : 99EC691B6C45A21F9AB

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Prosperity Action Inc.**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Prosperity Action Inc.**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : B07FF17817394239BDF

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

Full Name (Last, First, Middle Initial)

**A. Randy Hultgren for Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement  
2014 General

011

Candidate Name

**Randall M. Hultgren**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : FF5EB00D2D2F65079BE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2014 General

011

Candidate Name

**Peter J. Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : F69846D975C5B8F0411

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Sensenbrenner Committee**

Mailing Address PO Box 575

City Brookfield State WI Zip Code 53008

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**F. James Sensenbrenner Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2014

Transaction ID : 79AD56A0FAC850B652D

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 Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

Full Name (Last, First, Middle Initial)

### A. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Tammy Baldwin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2014

Transaction ID : BF4B92C007997668E72

Amount of Each Disbursement this Period

500.00
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

500.00
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7000.00
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