

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

ADDRESS (number and street) 2600 South River Road

Check if different than previously reported. (ACC) Des Plaines IL 60018 3286

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00066472

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 11 02 2010 in the State of IL

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer June Holmes

Signature of Treasurer Electronically Filed by June Holmes Date 10 21 2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		162108.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	18540.54									
(c) Total Receipts (from Line 19)	27505.00	450634.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46045.54	612743.54								
7. Total Disbursements (from Line 31)	10050.00	576748.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35995.54	35995.54								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

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)	19837.00	288793.02
(ii) Unitemized	6668.00	70198.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26505.00	358991.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	81000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27505.00	439991.43
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	10500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	143.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27505.00	450634.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27505.00	450634.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	504000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3000.00	3000.00
(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))	3000.00	3000.00
29. Other Disbursements.....	7050.00	69748.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10050.00	576748.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10050.00	576748.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	27505.00	439991.43
34. Total Contribution Refunds (from Line 28(d))	3000.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24505.00	436991.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. John P. Yediny

Mailing Address 187 Hillside Lane

City Somerset State PA Zip Code 15501-7880

FEC ID number of contributing federal political committee. C

Name of Employer: Rockwood Casualty Group Occupation: President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 01 / 2010

Transaction ID: 32432568

Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
Linda E Romano

Mailing Address 4 Old Willow Road

City New Hartford State NY Zip Code 13413-2432

FEC ID number of contributing federal political committee. C

Name of Employer: Utica National Insurance Group Occupation: Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2010

Transaction ID: 32432569

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Robert F. Manfredo

Mailing Address 422 Higby Road

City New Hartford State NY Zip Code 13413-3503

FEC ID number of contributing federal political committee. C

Name of Employer: Utica National Insurance Group Occupation: Director of Casualty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 01 / 2010

Transaction ID: 32434112

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

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 7 / 35
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Brian P Lytwynec		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 93 Brook St		Transaction ID: 32434137		
	City Ilion	State NY	Zip Code 13357-2411	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Utica National Insurance Group		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) John A. Griffin		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 9282 Paris Hill Road P O Box 231		Transaction ID: 32434138		
	City Sauquoit	State NY	Zip Code 13456-2114	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Utica National Insurance Group		Occupation Underwriting Manager - National Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) James P. Carhart		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 21 Fawncrest Blvd.		Transaction ID: 32440665		
	City New Hartford	State NY	Zip Code 13413-1236	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Utica National Insurance Group		Occupation VP/Sr Information Services Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
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 8 / 35
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Dane R Austin

Mailing Address 64 Stebbins Dr

City State Zip Code
Clinton NY 13323-1452

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

Name of Employer Occupation
Utica National Insurance Group VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2010

Transaction ID: 32440671

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Allison Marlow

Mailing Address 6382 Franklin Court

City State Zip Code
Fishers IN 46038-4704

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

Name of Employer Occupation
Founders Insurance Group Claims Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2010

Transaction ID: 32440963

Amount of Each Receipt this Period
240.00

C.

Full Name (Last, First, Middle Initial)
Chris A. Eells

Mailing Address 1187 Autumn Court

City State Zip Code
Marietta GA 30066-2872

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

Name of Employer Occupation
Utica National Insurance Group Resident VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2010

Transaction ID: 32442007

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1240.00**

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 9 / 35
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Ernest W Weeks		Date of Receipt
	Mailing Address 6892 Roberts Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Clinton	NY	13323-4423
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32442056
Name of Employer Utica National Insurance Group		Occupation Marketing Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Tina Wiernusz		Date of Receipt
	Mailing Address 2619 Sunset Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Utica	NY	13502-6008
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32445705
Name of Employer Utica National Insurance Group		Occupation Director-Efficiency/Effectiveness	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00

C.	Full Name (Last, First, Middle Initial) Mr. Robert E. Valliere		Date of Receipt
	Mailing Address 12643 Timberglen Ter		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Colorado Springs	CO	80921-3759
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32469826
Name of Employer California State Automobile Assn. Inte		Occupation Regional Claims Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1040.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 35
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. J. Douglas Robinson

Mailing Address Box 530

City State Zip Code
Utica NY 13503-0530

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

Name of Employer Occupation
Utica National Insurance Chairman and Chief Executive Officer
Group

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32469828

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Steven A. George

Mailing Address 3220 Roan Way

City State Zip Code
San Antonio TX 78259-2221

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

Name of Employer Occupation
California State Automobile SVP Insurance Services
Assn. Inte

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32469829

Amount of Each Receipt this Period
1200.00

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

Mailing Address 9540 Longlook Lane

City State Zip Code
Columbia MD 21045-3213

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

Name of Employer Occupation
Utica National Insurance Board Member
Group

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32469860

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1940.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. John W. Geigle	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 2024 Providence Way	Transaction ID: 32469861
	City State Zip Code Lodi CA 95242-4755	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
Name of Employer California State Automobile Assn. Inte	Occupation Regional Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Michael J Randall	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 4280 Greenview Drive	Transaction ID: 32480303
	City State Zip Code El Dorado Hills CA 95762-7622	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer California State Automobile Assn. Inte	Occupation Vice President Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Daniel D. Daly	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 5516 Youngs Road	Transaction ID: 32480309
	City State Zip Code Vernon NY 13476-4714	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Utica National Insurance Group	Occupation V. P. Senior Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	990.00
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 12 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Steven P. Guzski	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 6 Clintonview Road	Transaction ID: 32480310
	City State Zip Code New Hartford NY 13413-5309	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Utica National Insurance Group	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Stephen M. Romanow	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 8 Stanhope Court	Transaction ID: 32480314
	City State Zip Code New Hartford NY 13413-1238	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Utica National Insurance Group	Occupation Director, Technology Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Bernard J. Turi	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 16 Narla Lane	Transaction ID: 32480315
	City State Zip Code Utica NY 13501-5559	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Utica National Insurance Group	Occupation Assoc. General Counsel & Claims Attorn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	940.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 35
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Nicholas O Matt

Mailing Address 36 Jordon Rd

City State Zip Code
New Hartford NY 13413-2312

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

Name of Employer Occupation
Utica National Insurance Group Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2010

Transaction ID: 32480316

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Gregory M Harden

Mailing Address 5 Fairway Drive

City State Zip Code
Mc Connellsville NY 13401

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

Name of Employer Occupation
Utica National Insurance Group Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2010

Transaction ID: 32480323

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Gregory E Murphy

Mailing Address 119 Curtis Point Dr.

City State Zip Code
Mantoloking NJ 08738-1202

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

Name of Employer Occupation
Selective Insurance Group, Inc. Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6600.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2010

Transaction ID: 32480326

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 14 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Dale A Thatcher

Mailing Address 17 Maria Drive

City State Zip Code
Sparta NJ 07871-3042

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

Name of Employer Selective Insurance Group, Inc. Occupation Exec VP, CFO & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32480327

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ronald J Zaleski

Mailing Address 29 Manor Dr

City State Zip Code
Andover NJ 07821-3535

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

Name of Employer Selective Insurance Group, Inc. Occupation Exec VP Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32480329

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael H Lanza

Mailing Address P. O. Box 174

City State Zip Code
Jamestown RI 02835-0174

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

Name of Employer Selective Insurance Group, Inc. Occupation Exec VP, General Counsel and Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32480330

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 15 / 35
	(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"/> 15
<input type="checkbox"/> 12	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Richard F Connell		Date of Receipt
	Mailing Address 505 5th St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Milford	PA	18337-1603
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Selective Insurance Group, Inc.		Occupation Chief Administrative Officer	Transaction ID: 32480331
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Huebner		Date of Receipt
	Mailing Address 514 Middlesex Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Belmont	CA	94002-2527
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer California State Automobile Assn. Inte		Occupation Director, Risk Finance	Transaction ID: 32505209
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 240.00	<input type="text"/> 240.00

C.	Full Name (Last, First, Middle Initial) Mr. Douglas A. Lutgen		Date of Receipt
	Mailing Address 42 Manor Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Piedmont	CA	94611-4144
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer California State Automobile Assn. Inte		Occupation Manager, Regulatory Affairs	Transaction ID: 32505210
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 600.00	<input type="text"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1840.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Robert D Brown

Mailing Address 38 Picasso Ct

City Pleasant Hill State CA Zip Code 94523-4265

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

Name of Employer California State Automobile Assn. Inte Occupation Director, Corporate Affairs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 11 / 2010
Transaction ID: 32505211
Amount of Each Receipt this Period 240.00

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

Mailing Address 105 Clarmar Road

City Fayetteville State NY Zip Code 13066-1602

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

Name of Employer Utica National Insurance Group Occupation Regional Claims Manager

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

Date of Receipt 10 / 08 / 2010
Transaction ID: 32505212
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Gregory E Murphy

Mailing Address 119 Curtis Point Dr.

City Mantoloking State NJ Zip Code 08738-1202

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

Name of Employer Selective Insurance Group, Inc. Occupation Chairman, President & CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 10 / 13 / 2010
Transaction ID: 32508920
Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$3000.00 This changes the YTD Total to \$3600.00

SUBTOTAL of Receipts This Page (optional) ▶ 740.00

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 17 / 35
(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
							17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Ms. Susan G. Vincent

Mailing Address 1787 Sheffield

City Birmingham State MI Zip Code 48009-7224

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

Name of Employer Amerisure Companies Occupation VP-General Counsel & Sec.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1456707724809

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Timothy J. Quinn

Mailing Address 5749 Old US 23

City Fenton State MI Zip Code 48430-9372

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

Name of Employer Amerisure Companies Occupation VP-Treasury

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1456707824809

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. David B. Hostetter

Mailing Address 37154 Weymouth

City Livonia State MI Zip Code 48152-4096

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

Name of Employer Amerisure Companies Occupation VP-Und & Prod Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1456707924809

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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 18 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Ms. Pamela A. Burgess		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 2604 Eaton Cross		Transaction ID: PR1456708024809
	City Royal Oak	State MI	Zip Code 48073-3723
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Amerisure Companies	Occupation VP Strategic Process Des	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Ms. Debra Szmagaj		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 1267 Old Milford Farms		Transaction ID: PR1456708124809
	City Milford	State MI	Zip Code 48381-3373
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Amerisure Companies	Occupation VP Bus. Application Serv	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Don A. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 54021 Trent River Drive		Transaction ID: PR1456708224809
	City Shelby Township	State MI	Zip Code 48315-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Amerisure Companies	Occupation VP-Claims	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Hoeg		Date of Receipt
	Mailing Address 17950 Cranbrook Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Northville	MI	48167-4335
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR1456708424809
Name of Employer Amerisure Companies		Occupation Executive VP-COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Roy D Kinnan		Date of Receipt
	Mailing Address 46139 Galway Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Novi	MI	48374-3972
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR1456708924809
Name of Employer Amerisure Companies		Occupation SR VP-CFO & Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Derick Adams		Date of Receipt
	Mailing Address 26777 Halsted Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Farmington Hills	MI	48331-3577
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR1456719924809
Name of Employer Amerisure Companies		Occupation VP-Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 35
(check only one)

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

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr Frank L. Petersmark, III

Mailing Address 30611 Munger

City Livonia State MI Zip Code 48154-6234

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

Name of Employer Amerisure Companies Occupation VP-Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1456720124809

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Daniel J. Graf

Mailing Address 45000 Drocton

City Novi State MI Zip Code 48375-3802

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

Name of Employer Amerisure Companies Occupation VP-Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1456720624809

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Dieterle

Mailing Address 47202 White Pines Drive

City Novi State MI Zip Code 48374-3697

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

Name of Employer Amerisure Companies Occupation VP-Fld Mkt & Undrwrtnng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1456721824809

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 35
(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
							17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Edward H. Wagner

Mailing Address 1259 Dorchester

City Birmingham State MI Zip Code 48009-5995

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

Name of Employer Amerisure Companies Occupation VP-Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR1525802224809
Amount of Each Receipt this Period 15.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Randy M. Lester

Mailing Address 501 Hickory Lake Drive

City Brandon State FL Zip Code 33511-6337

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

Name of Employer Amerisure Companies Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR1556188124809
Amount of Each Receipt this Period 15.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Todd B. Ruthruff

Mailing Address 14615 Tudor Chase Drive

City Tampa State FL Zip Code 33626-3338

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

Name of Employer Amerisure Companies Occupation VP - Agency Ser Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR1566733124809
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 55.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Ms. Judith D. Greer	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 28454 Elmira	Transaction ID: PR1577038924809
	City Livonia State MI Zip Code 48150-3105	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Amerisure Companies Occupation Tech Mgr, Quality & Prod		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark F. Fox	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 29911 Robert	Transaction ID: PR1578285424809
	City Livonia State MI Zip Code 48150-3045	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Amerisure Companies Occupation VP Special Risk Undrwrtg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Ms. Lori Lee Tobis	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 450 South Vernon	Transaction ID: PR1578285724809
	City Dearborn State MI Zip Code 48124-1393	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Amerisure Companies Occupation AVP Ins Ops Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 35
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Ms. Yvonne Macks Hobson		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 8933 Minne Wana Road		Transaction ID: PR1633306024809
	City Clarkston	State MI	Zip Code 48348-3318
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Amerisure Companies	Occupation VP-Underwriting	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Daniel H. Johnson		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 10715 David Taylor Dr. Suite 500		Transaction ID: PR1936820224809
	City Charlotte	State NC	Zip Code 28262-1283
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
	Name of Employer Amerisure Companies	Occupation AVP-CSC Manager	P/R Deduction (\$12.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) Rebecca Chapa		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 26777 Halsted Road		Transaction ID: PR2020348624809
	City Farmington Hills	State MI	Zip Code 48331-3577
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Amerisure Companies	Occupation Underwriting Consultant	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	42.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 35
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Kurt D Gallinger

Mailing Address 26777 Halsted Road

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation VP Gov Rel & Counselor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR2020349224809

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Debra Even

Mailing Address 26777 Halsted

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation AVP, Credit & Collection

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR2059592224809

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Vincent T Donnelly

Mailing Address 174 Meadow View Lane

City Lansdale State PA Zip Code 19446-5931

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

Name of Employer PMA Insurance Group Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR2151653924809

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 135.00

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 / 35
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Christina Preisig		Date of Receipt
	Mailing Address 380 Sentry Parkway		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Blue Bell	PA	19422-2357
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2412362624809
Name of Employer PMA Insurance Group		Occupation Sr Vice President Managed Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Richard W Ramell		Date of Receipt
	Mailing Address 380 Sentry Parkway		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Blue Bell	PA	19422-2357
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2412362724809
Name of Employer PMA Insurance Group		Occupation Branch Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Mr. John Santulli		Date of Receipt
	Mailing Address 380 Sentry Parkway		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Blue Bell	PA	19422-2357
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2412362824809
Name of Employer PMA Insurance Group		Occupation Exec Vice President Risk Services and	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text" value="20.00"/>
			P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 35
	(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial) Kurt L Schuhl		Date of Receipt
Mailing Address 380 Sentry Parkway		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
City	State	Zip Code
Blue Bell	PA	19422-2357
FEC ID number of contributing federal political committee.		Transaction ID: PR2412362924809
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer PMA Insurance Group	Occupation Sr Vice President & Chief Claims Offic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="15.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="19837.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 35	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) SECURA Insurance A Mutual Company PAC		Date of Receipt		
	Mailing Address 2401 S. Memorial Drive		M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0		
	City Appleton	State WI	Zip Code 54912	Transaction ID: 32480341	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) MI One Chance Victory Fund <hr/> Mailing Address Post Office Box 23094 <hr/> City Lansing State MI Zip Code 48924 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32423381 Date of Disbursement 10 / 12 / 2010	Amount of Each Disbursement this Period 1200.00
B.	Full Name (Last, First, Middle Initial) Citizens for Mike Willson <hr/> Mailing Address 2159 Deer Meadow Dr <hr/> City Cincinnati State OH Zip Code 45240 <hr/> Purpose of Disbursement Mike Wilson, STATE HOUSE 28th OH Candidate Name Mike Wilson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 28 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32423386 Date of Disbursement 10 / 12 / 2010	Amount of Each Disbursement this Period 500.00 Mike Wilson, STATE HOUSE 28th OH
C.	Full Name (Last, First, Middle Initial) Joe Hackney Campaign <hr/> Mailing Address P. O. Box 1329 <hr/> City Chapel Hill State NC Zip Code 27514 <hr/> Purpose of Disbursement Joe Hackney, STATE HOUSE 54th NC Candidate Name Representa Joe Hackney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 54 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32423405 Date of Disbursement 10 / 12 / 2010	Amount of Each Disbursement this Period 300.00 Joe Hackney, STATE HOUSE 54th NC

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A. Full Name (Last, First, Middle Initial) Pryor Gibson Campaign</p> <p>Mailing Address P. O. Box 1010</p> <p>City Wadesboro State NC Zip Code 28170</p> <p>Purpose of Disbursement Pryor Gibson, STATE HOUSE 69th NC</p> <p>Candidate Name Representa Pryor Gibson, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 69</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32423416 Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Pryor Gibson, STATE HOUSE 69th NC</p>
<p>B. Full Name (Last, First, Middle Initial) Hugh Holliman Campaign</p> <p>Mailing Address 2230 South Main Street</p> <p>City Lexington State NC Zip Code 27292</p> <p>Purpose of Disbursement Lindsey Holliman, STATE HOUSE 81st NC</p> <p>Candidate Name Representa Lindsey Holliman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 81</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32423425 Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>Lindsey Holliman, STATE HOUSE 81st NC</p>
<p>C. Full Name (Last, First, Middle Initial) Thom Tillis Campaign</p> <p>Mailing Address 227 W Trade Street</p> <p>City Charlotte State NC Zip Code 28042</p> <p>Purpose of Disbursement Thom Tillis, STATE HOUSE 98th NC</p> <p>Candidate Name NC Rep. Thom Tillis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 98</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32423427 Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Thom Tillis, STATE HOUSE 98th NC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Paul Stam Campaign	Transaction ID: 32423431	
	Mailing Address P. O. Box 1600	Date of Disbursement 10 / 12 / 2010	
	City Apex State NC Zip Code 27502	Amount of Each Disbursement this Period 250.00	
	Purpose of Disbursement Paul Stam, STATE HOUSE 37th NC Candidate Name NC Rep. Paul Stam, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Paul Stam, STATE HOUSE 37th NC	
B.	Full Name (Last, First, Middle Initial) Marc Basnight Campaign	Transaction ID: 32423496	
	Mailing Address P. O. Box 302	Date of Disbursement 10 / 12 / 2010	
	City Mantes State NC Zip Code 27954	Amount of Each Disbursement this Period 300.00	
	Purpose of Disbursement Marc Basnight, STATE SENATE 1st NC Candidate Name Senator Marc Basnight Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Marc Basnight, STATE SENATE 1st NC	
C.	Full Name (Last, First, Middle Initial) Martin Nesbitt Campaign	Transaction ID: 32423499	
	Mailing Address 27 N Market Street 7th Floor	Date of Disbursement 10 / 12 / 2010	
	City Asheville State NC Zip Code 28801	Amount of Each Disbursement this Period 300.00	
	Purpose of Disbursement Martin Nesbitt, STATE SENATE 49th NC Candidate Name NC Sen. Martin Nesbitt, Jr., Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Martin Nesbitt, STATE SENATE 49th NC	

SUBTOTAL of Disbursements This Page (optional) ▶

850.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Tom Apodaca Campaign Mailing Address 214 N. King Street City Hendersonville State NC Zip Code 28792 Purpose of Disbursement Tom Apodaca, STATE SENATE 48th NC Candidate Name NC Sen. Tom Apodaca Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32423507 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
B.	Full Name (Last, First, Middle Initial) Richard Stevens Campaign Mailing Address 132 Lochwood West City Cary State NC Zip Code 27518 Purpose of Disbursement Richard Stevens, STATE SENATE 17th NC Candidate Name NC Sen. Richard Stevens Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32423510 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Phil Berger Campaign Mailing Address P. O. Box 1309 City Eden State NC Zip Code 27289 Purpose of Disbursement Philip Berger, STATE SENATE 26th NC Candidate Name Senator Philip Berger Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32423516 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ►

900.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Dan Sullivan 2010</p> <p>Mailing Address 4306 S. Peoria Ave. #671</p> <p>City Tulsa State OK Zip Code 74105</p> <p>Purpose of Disbursement Daniel Sullivan, STATE HOUSE 71st OK</p> <p>Candidate Name OK Rep. Daniel Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 71</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32425632</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>Daniel Sullivan, STATE HOUSE 71st OK</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Holland for Oklahoma</p> <p>Mailing Address P. O. Box 890775</p> <p>City Oklahoma City State OK Zip Code 73189</p> <p>Purpose of Disbursement Kim Holland, INSURANCE COMMISS. OK</p> <p>Candidate Name Commission Kim Holland</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32425634</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Kim Holland, INSURANCE COMMISS. OK</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kris Steele for State Representative</p> <p>Mailing Address 4207 Blaine Road</p> <p>City Shawnee State OK Zip Code 74804</p> <p>Purpose of Disbursement Kris Steele, STATE HOUSE 26th OK</p> <p>Candidate Name Representa Kris Steele</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32425635</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>Kris Steele, STATE HOUSE 26th OK</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Brian Bingsman for Senate 2010 <hr/> Mailing Address 1502 E McKinley <hr/> City Sapulpa State OK Zip Code 74066 <hr/> Purpose of Disbursement Brian Bingsman, STATE SENATE 12th OK Candidate Name Brian Bingsman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	Transaction ID: 32425638 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> Brian Bingsman, STATE SENATE 12th OK	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of Jamie Woodson <hr/> Mailing Address 1123 Regality Way <hr/> City Knoxville State TN Zip Code 37923 <hr/> Purpose of Disbursement Jamie Woodson, STATE SENATE 6th TN Candidate Name TN Sen. Jamie Woodson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	Transaction ID: 32425642 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Jamie Woodson, STATE SENATE 6th TN	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Beth Harwell Committee <hr/> Mailing Address 42 Wyn Oak <hr/> City Nashville State TN Zip Code 37202 <hr/> Purpose of Disbursement Beth Harwell, STATE HOUSE 56th TN Candidate Name Representa Beth Harwell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 56	Transaction ID: 32425644 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Beth Harwell, STATE HOUSE 56th TN	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1050.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Charles Sargent

Mailing Address P. O. Box 1515

City Franklin State TN Zip Code 37065

Purpose of Disbursement
Charles Sargent, STATE HOUSE 61st TN

Candidate Name
Representa Charles Sargent, Jr.

Office Sought: House
 Senate
 President

State: TN District: 61

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 32425645

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Charles Sargent, STATE HO-
USE 61st TN

SUBTOTAL of Disbursements This Page (optional) ►

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)

Gregory E Murphy

Mailing Address 119 Curtis Point Dr.

City Mantoloking State NJ Zip Code 08738-1202

Purpose of Disbursement
Refund - Over Limit

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 32456555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund - Over Limit

SUBTOTAL of Disbursements This Page (optional) ►

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