

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
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250
 Check if different than previously reported. (ACC)
SAN RAFAEL CA 94901

2. **FEC IDENTIFICATION NUMBER** C00095109
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2008 through 09 30 2008

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 STEVEN S. LUCAS

Signature of Treasurer Electronically Filed by STEVEN S. LUCAS Date 10 14 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		58178.40
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	60387.21									
(c) Total Receipts (from Line 19)	3893.00	41142.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64280.21	99320.93								
7. Total Disbursements (from Line 31)	3250.00	38290.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61030.21	61030.21								
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									

CA

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

ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2967.00	22697.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	926.00	18393.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3893.00	41090.00
(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)	3893.00	41090.00
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	52.53
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3893.00	41142.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3893.00	41142.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	190.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	190.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3250.00	38100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	3250.00	38290.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3250.00	38290.72

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	3893.00	41090.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3893.00	41090.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	190.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	52.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	138.19

**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 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT W. BAILEY	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 2473 RIKKARD DRIVE	Transaction ID: INC.A.48328
	City State Zip Code THOUSAND OAKS CA 91362	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation DIVERSIFIED RISK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) ROBIN LONG CLOVER	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 777 SAN MARIN DR.	Transaction ID: INC.A.48338
	City State Zip Code NOVATO CA 94998	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) DAVID L. CONWAY	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 986 SLATE DRIVE	Transaction ID: INC.A.48340
	City State Zip Code SANTA ROSA CA 95405	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation SR. VP, MARINE CLAIMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 7 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH FINNEGAN

Mailing Address 1 LEDGEWOOD DR.

City State Zip Code
CARTON MA 02021

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

Name of Employer Occupation
FIREMAN'S FUND FIELD VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: INC.A.48346

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS E. FRANKLIN

Mailing Address 105 SAMROSE DR.

City State Zip Code
NOVATO CA 94945

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

Name of Employer Occupation
FIREMAN'S FUND INSURANCE CO. V.P., DIVERSIFIED RISK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: INC.A.48348

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
BRUCE F. FRIEDBERG

Mailing Address 5 ASHLEY COURT

City State Zip Code
NOVATO CA 94945

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

Name of Employer Occupation
FIREMAN'S FUND INSURANCE CO. SR. V.P. & CHIEF ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: INC.A.48349

Amount of Each Receipt this Period
60.00

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 8 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DAVID R. HEYMAN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 777 SAN MARIN DRIVE	Transaction ID: INC.A.48352
	City State Zip Code NOVATO CA 94998	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. V.P. CORP. ACTUARIAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) ANDREW JORDAN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 66 W. BLITHEDALE AVE	Transaction ID: INC.A.48354
	City State Zip Code MILL VALLEY CA 94941	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND ASSISTANT VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) LOUISE JORDAN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 18 DANIEL TER.	Transaction ID: INC.A.48355
	City State Zip Code WHIPPANY NJ 07981	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND - NAR FINANCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	50.00
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 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHARLES KAVITSKY		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 4729 ANNAWAY DRIVE		Transaction ID: INC.A.48356		
	City EDINA	State MN	Zip Code 55436	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE	Occupation PRESIDENT, CMO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1520.00			

B.	Full Name (Last, First, Middle Initial) ROBERT L. KING		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 99 GREENWOOD WAY		Transaction ID: INC.A.48358		
	City MILL VALLEY	State CA	Zip Code 94941	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation SR. PRODUCT DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00			

C.	Full Name (Last, First, Middle Initial) JANET S. KLOENHAMER		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 124 WINDWALKER WAY		Transaction ID: INC.A.48359		
	City NOVATO	State CA	Zip Code 94945	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND	Occupation SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1520.00			

SUBTOTAL of Receipts This Page (optional)	▶	175.00
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 10 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANDREW H. KNUDSEN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 17867 WESTHAMPTON WOODS DRIVE	Transaction ID: INC.A.48360
	City State Zip Code WILDWOOD MO 63005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FIREMAN'S FUND INSURANCE CO. Occupation V.P. CLAIMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) PETER A. LEFKIN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 4112 38TH ST NW	Transaction ID: INC.A.48363
	City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 190.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ OF AMERICA, INC. Occupation SR. V.P. - GOVERNMENT & EXTERNAL AFFAI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3610.00	

C.	Full Name (Last, First, Middle Initial) N. DOUGLAS MARTIN, JR.	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 48 MEERNAA AVENUE	Transaction ID: INC.A.48367
	City State Zip Code FAIRFAX CA 94930	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FIREMAN'S FUND INSURANCE CO. Occupation V.P., GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	255.00
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 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHAEL F. MEURER	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 2716 FALCON CREST DRIVE	Transaction ID: INC.A.48370
	City State Zip Code EDWARDSVILLE IL 62025	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation CLAIM MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) ARTHUR E. MOOSSMANN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 9 OAKLEDGE DRIVE	Transaction ID: INC.A.48372
	City State Zip Code EAST NORTHPORT NY 11731	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND	Occupation SR. VICE PRESIDENT - MARINE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) BOB L. MUMMEY	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 1056 TURTLE CREEK DRIVE	Transaction ID: INC.A.48374
	City State Zip Code O'FALLON MO 63366	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation CLAIM DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LINDA M. MURPHY		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 429 N. SYCAMORE LANE		Transaction ID: INC.A.48375		
	City NORTH AURORA	State IL	Zip Code 60542	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation REGIONAL PRODUCT DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

B.	Full Name (Last, First, Middle Initial) KAREN NICKERSON		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 4011 COCHRAN HEIGHTS COURT		Transaction ID: INC.A.48376		
	City DALLAS	State TX	Zip Code 75220	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation BUSINESS DEVELOPMENT MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00			

C.	Full Name (Last, First, Middle Initial) JAMES PEDERSEN		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 2066 FALCON RIDGE ROAD		Transaction ID: INC.A.48379		
	City PETALUMA	State CA	Zip Code 94954	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND	Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00			

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 13 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BRUCE D. PETERSEN		Date of Receipt
	Mailing Address 5 OAK RIDGE TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	NOVATO	CA	94945
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48380
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation V.P./C.O.O., PERSONAL INSURANCE	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 ▼ 760.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) CARLO F. PUGNETTI		Date of Receipt
	Mailing Address 280 WATERSIDE CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	SAN RAFAEL	CA	94903
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48382
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation V.P., CORPORATE MARKETING	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 ▼ 380.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) BRIAN K. RICHARDS		Date of Receipt
	Mailing Address 4340 EAST TIMBERLINE TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	CUMMING	GA	30041
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48383
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation ASSISTANT V.P. SALES	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 ▼ 475.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.00
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: (check only one)	PAGE 14 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. LAWRENCE ROGERS		Date of Receipt
	Mailing Address 1325 BERRYDALE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	PETALUMA	CA	94954
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48384
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation C.O.O. COMMERCIAL	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"/> 40.00
		<input type="text"/> 760.00	

B.	Full Name (Last, First, Middle Initial) PAMELA ROMOLI		Date of Receipt
	Mailing Address 1 WOODLAND PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	KENTFIELD	CA	94904
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48385
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation HUMAN RESOURCES EXECUTIVE	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"/> 25.00
		<input type="text"/> 475.00	

C.	Full Name (Last, First, Middle Initial) NIKLAS SANDBERG		Date of Receipt
	Mailing Address 21 WATERSIDE CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	SAN RAFAEL	CA	94903
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48387
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation DIRECTOR - INNOVATION IN MARKETING DEp	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"/> 15.00
		<input type="text"/> 270.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.00
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: (check only one)	PAGE 15 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) STACEY, M SICKENDICK	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 400 MONITOR WAY	Transaction ID: INC.A.48388
	City State Zip Code ST. CHARLES MO 63303	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation BUSINESS RELATIONSHIP MNGR. - PERSONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) PAUL M. STACHURA	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 475 VISTA GRANDE	Transaction ID: INC.A.48391
	City State Zip Code GREENBRAE CA 94904	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation CHIEF CLAIMS OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

C.	Full Name (Last, First, Middle Initial) JOHN C. VALLOR	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 3410 PERADA DR.	Transaction ID: INC.A.48393
	City State Zip Code WALNUT CREEK CA 94598	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE COMPANY	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	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 16 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) HARRY J. VELDHOUS	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address P.O. BOX 14	Transaction ID: INC.A.48394
	City LAKEVILLE State MN Zip Code 55044	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation ASST. V.P., TECHNICAL CLAIMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) RICARDO A. VICTORES	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 3816 FOSSIL CREEK CT.	Transaction ID: INC.A.48395
	City NAPERVILLE State IL Zip Code 60564	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND	Occupation F.V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM VONSEGGERN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 491 NOONAN RANCH LANE	Transaction ID: INC.A.48396
	City SANTA ROSA State CA Zip Code 95403	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation ASST. V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional)	56.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GREGORY M. WACKER		Date of Receipt
	Mailing Address P.O. BOX 139		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2008
	City	State	Zip Code
	PENNGROVE	CA	94951
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48397
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation 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 ▼ 285.00	<input type="text"/> 15.00

B.	Full Name (Last, First, Middle Initial) LINDA WRIGHT		Date of Receipt
	Mailing Address 15 EDGEWATER 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 09 / 04 / 2008
	City	State	Zip Code
	BELVEDERE	CA	94920
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48401
Name of Employer ALLIANZ LIFE/FIREMAN'S FUND		Occupation 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 ▼ 760.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) BERNADETTE BERGER		Date of Receipt
	Mailing Address 2753 UPLAND LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	PLYMOUTH	MD	50447
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48479
Name of Employer ALLIANZ LIFE INSURANCE CO.		Occupation 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 ▼ 360.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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: (check only one)	PAGE 18 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) THOMAS P. BURNS	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 28245 BOULDER CIRCLE	Transaction ID: INC.A.48480
	City State Zip Code SHOREWOOD MN 55331	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ LIFE FINANCIAL SERVICES Occupation CHIEF DISTRIBUTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL ENGEL	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 4928 PINE LANE	Transaction ID: INC.A.48482
	City State Zip Code EAGON MN 55123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ Occupation SR. COUNSEL LEGAL DEPARTMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) TRACY GARDNER	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 17535 45TH AVE, N.	Transaction ID: INC.A.48483
	City State Zip Code PLYMOUTH MN 55446	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ LIFE Occupation CAO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	

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: (check only one)	PAGE 19 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) WILLIAM E. GAUMOND	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 3630 OAK CREEK DRIVE WEST	Transaction ID: INC.A.48484
	City State Zip Code VADNAIS HEIGHTS MN 55127	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ LIFE INSURANCE CO. Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) REBECCA HUERTA	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 12115 26TH AVE., N.	Transaction ID: INC.A.48488
	City State Zip Code PLYMOUTH MN 55441	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ LIFE INSURANCE CO. Occupation VP II, COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) PAUL KOHLS	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 8555 ALLEGHENY CIRCLE	Transaction ID: INC.A.48490
	City State Zip Code VICTORIA MN 55386	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ALLIANZ LIFE INSURANCE CO. Occupation DIRECTOR OF GOVERNMENT RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 20 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NEIL MC KAY		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 8184 JEWEL LANE		Transaction ID: INC.A.48494		
	City MAPLE GROVE	State MN	Zip Code 55311	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE	Occupation CHIEF ACTUARY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

B.	Full Name (Last, First, Middle Initial) SCOTT SENDEN		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 640 INTERLAKE LANE		Transaction ID: INC.A.48498		
	City VICTORIA	State MN	Zip Code 55386	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) JOHN TRENTOR		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 444 MARBLEHEAD LANE		Transaction ID: INC.A.48499		
	City NOVATO	State CA	Zip Code 94949	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND	Occupation SR. VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

SUBTOTAL of Receipts This Page (optional)	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 21 / 39		
	<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

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NAME OF COMMITTEE (In Full)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. COREY WALTHER		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 8584 DRAKE COURT		Transaction ID: INC.A.48500		
	City CHANHASSEN	State MN	Zip Code 55317	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE INSURANCE CO.	Occupation STRATEGIC ACCOUNTS GENERAL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) RENEE WEST		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 4 NORD CIRCLE ROAD		Transaction ID: INC.A.48501		
	City NORTH OAKS	State MN	Zip Code 55127	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE	Occupation VP, PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00			

C.	Full Name (Last, First, Middle Initial) CHARLES WIKELIUS		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 2 BIRKROSE PARK LANE		Transaction ID: INC.A.48502		
	City HUDSON	State WI	Zip Code 54016	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE INSURANCE	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT W. BAILEY	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 2473 RIKKARD DRIVE	Transaction ID: INC.A.48404
	City State Zip Code THOUSAND OAKS CA 91362	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. DIVERSIFIED RISK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) ROBIN LONG CLOVER	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 777 SAN MARIN DR.	Transaction ID: INC.A.48414
	City State Zip Code NOVATO CA 94998	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) DAVID L. CONWAY	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 986 SLATE DRIVE	Transaction ID: INC.A.48416
	City State Zip Code SANTA ROSA CA 95405	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. SR. VP, MARINE CLAIMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOSEPH FINNEGAN		Date of Receipt
	Mailing Address 1 LEDGEWOOD DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2008
	City	State	Zip Code
	CARTON	MA	02021
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48422
Name of Employer FIREMAN'S FUND		Occupation FIELD VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) DOUGLAS E. FRANKLIN		Date of Receipt
	Mailing Address 105 SAMROSE DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2008
	City	State	Zip Code
	NOVATO	CA	94945
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48424
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation V.P., DIVERSIFIED RISK	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 ▼ 380.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) BRUCE F. FRIEDBERG		Date of Receipt
	Mailing Address 5 ASHLEY COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2008
	City	State	Zip Code
	NOVATO	CA	94945
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48425
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation SR. V.P. & CHIEF ACTUARY	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 ▼ 1140.00	<input type="text"/> 60.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
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 24 / 39
(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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID R. HEYMAN

Mailing Address 777 SAN MARIN DRIVE

City State Zip Code
NOVATO CA 94998

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

Name of Employer Occupation
FIREMAN'S FUND INSURANCE CO. V.P. CORP. ACTUARIAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2008

Transaction ID: INC.A.48428

Amount of Each Receipt this Period
15.00

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

Mailing Address 66 W. BLITHEDALE AVE

City State Zip Code
MILL VALLEY CA 94941

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

Name of Employer Occupation
FIREMAN'S FUND ASSISTANT VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2008

Transaction ID: INC.A.48430

Amount of Each Receipt this Period
15.00

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

Mailing Address 18 DANIEL TER.

City State Zip Code
WHIPPANY NJ 07981

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

Name of Employer Occupation
FIREMAN'S FUND - NAR FINANCE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2008

Transaction ID: INC.A.48431

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 25 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHARLES KAVITSKY		Date of Receipt MM / DD / YYYY 09 / 18 / 2008		
	Mailing Address 4729 ANNAWAY DRIVE		Transaction ID: INC.A.48432		
	City EDINA	State MN	Zip Code 55436	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIANZ LIFE	Occupation PRESIDENT, CMO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1520.00			

B.	Full Name (Last, First, Middle Initial) ROBERT L. KING		Date of Receipt MM / DD / YYYY 09 / 18 / 2008		
	Mailing Address 99 GREENWOOD WAY		Transaction ID: INC.A.48434		
	City MILL VALLEY	State CA	Zip Code 94941	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation SR. PRODUCT DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00			

C.	Full Name (Last, First, Middle Initial) JANET S. KLOENHAMER		Date of Receipt MM / DD / YYYY 09 / 18 / 2008		
	Mailing Address 124 WINDWALKER WAY		Transaction ID: INC.A.48435		
	City NOVATO	State CA	Zip Code 94945	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND	Occupation SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1520.00			

SUBTOTAL of Receipts This Page (optional)	▶	175.00
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 26 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANDREW H. KNUDSEN	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 17867 WESTHAMPTON WOODS DRIVE	Transaction ID: INC.A.48436
	City State Zip Code WILDWOOD MO 63005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation V.P. CLAIMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) PETER A. LEFKIN	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 4112 38TH ST NW	Transaction ID: INC.A.48439
	City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 190.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ALLIANZ OF AMERICA, INC.	Occupation SR. V.P. - GOVERNMENT & EXTERNAL AFFAI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3610.00	

C.	Full Name (Last, First, Middle Initial) N. DOUGLAS MARTIN, JR.	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 48 MEERNAA AVENUE	Transaction ID: INC.A.48443
	City State Zip Code FAIRFAX CA 94930	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation V.P., GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	255.00
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 27 / 39		
	<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

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NAME OF COMMITTEE (In Full)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHAEL F. MEURER	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 2716 FALCON CREST DRIVE	Transaction ID: INC.A.48446
	City State Zip Code EDWARDSVILLE IL 62025	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. CLAIM MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) ARTHUR E. MOOSSMANN	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 9 OAKLEDGE DRIVE	Transaction ID: INC.A.48448
	City State Zip Code EAST NORTHPORT NY 11731	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND SR. VICE PRESIDENT - MARINE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) BOB L. MUMMEY	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 1056 TURTLE CREEK DRIVE	Transaction ID: INC.A.48450
	City State Zip Code O'FALLON MO 63366	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. CLAIM DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LINDA M. MURPHY	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 429 N. SYCAMORE LANE	Transaction ID: INC.A.48451
	City State Zip Code NORTH AURORA IL 60542	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. REGIONAL PRODUCT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) KAREN NICKERSON	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 4011 COCHRAN HEIGHTS COURT	Transaction ID: INC.A.48452
	City State Zip Code DALLAS TX 75220	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. BUSINESS DEVELOPMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) JAMES PEDERSEN	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 2066 FALCON RIDGE ROAD	Transaction ID: INC.A.48455
	City State Zip Code PETALUMA CA 94954	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 29 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BRUCE D. PETERSEN		Date of Receipt MM / DD / YYYY 09 / 18 / 2008		
	Mailing Address 5 OAK RIDGE TERRACE		Transaction ID: INC.A.48456		
	City NOVATO	State CA	Zip Code 94945	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation V.P./C.O.O., PERSONAL INSURANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00			

B.	Full Name (Last, First, Middle Initial) CARLO F. PUGNETTI		Date of Receipt MM / DD / YYYY 09 / 18 / 2008		
	Mailing Address 280 WATERSIDE CIRCLE		Transaction ID: INC.A.48458		
	City SAN RAFAEL	State CA	Zip Code 94903	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation V.P., CORPORATE MARKETING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

C.	Full Name (Last, First, Middle Initial) BRIAN K. RICHARDS		Date of Receipt MM / DD / YYYY 09 / 18 / 2008		
	Mailing Address 4340 EAST TIMBERLINE TRAIL		Transaction ID: INC.A.48459		
	City CUMMING	State GA	Zip Code 30041	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIREMAN'S FUND INSURANCE CO.	Occupation ASSISTANT V.P. SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00			

SUBTOTAL of Receipts This Page (optional)	▶	85.00
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 30 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. LAWRENCE ROGERS		Date of Receipt
	Mailing Address 1325 BERRYDALE 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 09 / 18 / 2008
	City	State	Zip Code
	PETALUMA	CA	94954
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48460
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation C.O.O. COMMERCIAL	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 ▼ 760.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) PAMELA ROMOLI		Date of Receipt
	Mailing Address 1 WOODLAND PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2008
	City	State	Zip Code
	KENTFIELD	CA	94904
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48461
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation HUMAN RESOURCES EXECUTIVE	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 ▼ 475.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) STACEY, M SICKENDICK		Date of Receipt
	Mailing Address 400 MONITOR WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2008
	City	State	Zip Code
	ST. CHARLES	MO	63303
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48463
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation BUSINESS RELATIONSHIP MNGR. - PERSONAL	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 ▼ 285.00	<input type="text"/> 15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.00
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: (check only one)	PAGE 31 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PAUL M. STACHURA		Date of Receipt
	Mailing Address 475 VISTA GRANDE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2008
	City	State	Zip Code
	GREENBRAE	CA	94904
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48466
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation CHIEF CLAIMS OFFICER	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 ▼ 760.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) JOHN C. VALLOR		Date of Receipt
	Mailing Address 3410 PERADA DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2008
	City	State	Zip Code
	WALNUT CREEK	CA	94598
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48468
Name of Employer FIREMAN'S FUND INSURANCE COMPANY		Occupation 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 ▼ 270.00	<input type="text"/> 15.00

C.	Full Name (Last, First, Middle Initial) HARRY J. VELDHOUS		Date of Receipt
	Mailing Address P.O. BOX 14		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2008
	City	State	Zip Code
	LAKEVILLE	MN	55044
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48469
Name of Employer FIREMAN'S FUND INSURANCE CO.		Occupation ASST. V.P., TECHNICAL CLAIMS	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 ▼ 380.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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: (check only one)	PAGE 32 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) RICARDO A. VICTORES	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 3816 FOSSIL CREEK CT.	Transaction ID: INC.A.48470
	City State Zip Code NAPERVILLE IL 60564	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND F.V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM VONSEGGERN	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 491 NOONAN RANCH LANE	Transaction ID: INC.A.48471
	City State Zip Code SANTA ROSA CA 95403	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. ASST. V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

C.	Full Name (Last, First, Middle Initial) GREGORY M. WACKER	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address P.O. BOX 139	Transaction ID: INC.A.48472
	City State Zip Code PENNGROVE CA 94951	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND INSURANCE CO. VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	51.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LINDA WRIGHT	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 15 EDGEWATER ROAD	Transaction ID: INC.A.48476
	City State Zip Code BELVEDERE CA 94920	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ALLIANZ LIFE/FIREMAN'S FUND	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

B.	Full Name (Last, First, Middle Initial) BERNADETTE BERGER	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 2753 UPLAND LANE	Transaction ID: INC.A.48512
	City State Zip Code PLYMOUTH MD 50447	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ALLIANZ LIFE INSURANCE CO.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) THOMAS P. BURNS	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 28245 BOULDER CIRCLE	Transaction ID: INC.A.48513
	City State Zip Code SHOREWOOD MN 55331	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ALLIANZ LIFE FINANCIAL SERVICES	Occupation CHIEF DISTRIBUTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	110.00
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 34 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHAEL ENGEL		Date of Receipt
	Mailing Address 4928 PINE LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	EAGON	MN	55123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48515
Name of Employer ALLIANZ		Occupation SR. COUNSEL LEGAL DEPARTMENT	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 ▼ 270.00	15.00

B.	Full Name (Last, First, Middle Initial) TRACY GARDNER		Date of Receipt
	Mailing Address 17535 45TH AVE, N.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	PLYMOUTH	MN	55446
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48516
Name of Employer ALLIANZ LIFE		Occupation CAO	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 ▼ 720.00	40.00

C.	Full Name (Last, First, Middle Initial) WILLIAM E. GAUMOND		Date of Receipt
	Mailing Address 3630 OAK CREEK DRIVE WEST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	VADNAIS HEIGHTS	MN	55127
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48517
Name of Employer ALLIANZ LIFE INSURANCE CO.		Occupation 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 ▼ 360.00	20.00

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) REBECCA HUERTA		Date of Receipt
	Mailing Address 12115 26TH AVE., N.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	PLYMOUTH	MN	55441
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48521
Name of Employer ALLIANZ LIFE INSURANCE CO.		Occupation VP II, COMPLIANCE	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"/> 20.00

B.	Full Name (Last, First, Middle Initial) PAUL KOHLS		Date of Receipt
	Mailing Address 8555 ALLEGHENY CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	VICTORIA	MN	55386
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48523
Name of Employer ALLIANZ LIFE INSURANCE CO.		Occupation DIRECTOR OF GOVERNMENT RELATIONS	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"/> 20.00

C.	Full Name (Last, First, Middle Initial) NEIL MC KAY		Date of Receipt
	Mailing Address 8184 JEWEL LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	MAPLE GROVE	MN	55311
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48536
Name of Employer ALLIANZ LIFE		Occupation CHIEF ACTUARY	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 ▼ 900.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
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: (check only one)	PAGE 36 / 39
	<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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SCOTT SENDEN	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 640 INTERLAKE LANE	Transaction ID: INC.A.48531
	City State Zip Code VICTORIA MN 55386	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALLIANZ LIFE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) JOHN TRENTOR	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 444 MARBLEHEAD LANE	Transaction ID: INC.A.48532
	City State Zip Code NOVATO CA 94949	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIREMAN'S FUND SR. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) MR. COREY WALTHER	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 8584 DRAKE COURT	Transaction ID: INC.A.48533
	City State Zip Code CHANHASSEN MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALLIANZ LIFE INSURANCE CO. STRATEGIC ACCOUNTS GENERAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 39	
	(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)
ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) RENEE WEST		Date of Receipt	
Mailing Address 4 NORD CIRCLE ROAD		M M / D D / Y Y Y Y Y 09 / 30 / 2008	
City	State	Zip Code	Transaction ID: INC.A.48534
NORTH OAKS	MN	55127	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		30.00	
Name of Employer ALLIANZ LIFE		Occupation VP, PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	

B.

Full Name (Last, First, Middle Initial) CHARLES WIKELIUS		Date of Receipt	
Mailing Address 2 BIRKROSE PARK LANE		M M / D D / Y Y Y Y Y 09 / 30 / 2008	
City	State	Zip Code	Transaction ID: INC.A.48535
HUDSON	WI	54016	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		25.00	
Name of Employer ALLIANZ LIFE INSURANCE		Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	2967.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE '08 <hr/> Mailing Address 680 A. TRANSFER RD <hr/> City ST. PAUL State MN Zip Code 55111-4 <hr/> Purpose of Disbursement <hr/> Candidate Name COLEMAN FOR SENATE '08 <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.48323 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS <hr/> Mailing Address P.O. BOX 7514 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement <hr/> Candidate Name EARL POMEROY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.48324 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS <hr/> Mailing Address 721 S. BREA CANYON ROAD, SUITE 7 <hr/> City DIAMOND BAR State CA Zip Code 91789 <hr/> Purpose of Disbursement <hr/> Candidate Name GARY MILLER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.48325 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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 39 / 39

<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)

ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name
MAJORITY COMMITTEE PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.48326

Date of Disbursement

^M <input type="text"/> 0	^M <input type="text"/> 9	/	^D <input type="text"/> 1	^D <input type="text"/> 0	/	^Y <input type="text"/> 2	^Y <input type="text"/> 0	^Y <input type="text"/> 0	^Y <input type="text"/> 8
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Amount of Each Disbursement this Period

500.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3250.00