

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2101 L Street, NW
Suite 400
 Check if different than previously reported. (ACC)
Washington DC 20037

2. **FEC IDENTIFICATION NUMBER** C00103143
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 08 01 2011 through 08 31 2011

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 Mrs. Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Mrs. Leigh Ann Pusey Date 09 16 2011

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
American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		3407.69
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	18828.28									
(c) Total Receipts (from Line 19)	1245.71	47692.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20073.99	51099.99								
7. Total Disbursements (from Line 31)	2000.00	33026.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18073.99	18073.99								
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

American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	1181.76	22555.14
(ii) Unitemized	62.50	2629.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1244.26	25184.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1244.26	47684.96
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.45	7.34
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))	1245.71	47692.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1245.71	47692.30

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	26.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	26.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2000.00	33000.00
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))..	2000.00	33026.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	33026.00

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)	1244.26	47684.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1244.26	47684.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	26.00
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	26.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Fred Bosse		Date of Receipt
	Mailing Address 28224 Equestrian		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 12 / 2011
	City	State	Zip Code
	Fair Oaks Ranch	TX	78015-4655
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110816--2
Name of Employer American Insurance Association		Occupation Vice President, Southwest Region	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"/> 39.40
		<input type="text"/> 669.80	

B.	Full Name (Last, First, Middle Initial) Fred Bosse		Date of Receipt
	Mailing Address 28224 Equestrian		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 26 / 2011
	City	State	Zip Code
	Fair Oaks Ranch	TX	78015-4655
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824--2
Name of Employer American Insurance Association		Occupation Vice President, Southwest Region	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"/> 39.40
		<input type="text"/> 669.80	

C.	Full Name (Last, First, Middle Initial) Gary Henning		Date of Receipt
	Mailing Address 14 Cambridge Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 12 / 2011
	City	State	Zip Code
	Albany	NY	12203-3002
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110816--5
Name of Employer American Insurance Association		Occupation Assistant 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 ▼	<input type="text"/> 25.00
		<input type="text"/> 440.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 103.80
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 7 / 14
(check only one)

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

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

A.

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

Mailing Address 14 Cambridge Rd

City Albany State NY Zip Code 12203-3002

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

Name of Employer American Insurance Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 26 / 2011

Transaction ID: 20110824--5

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 12 / 2011

Transaction ID: 20110816--7

Amount of Each Receipt this Period 192.30

C.

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

Mailing Address 1119 Alexandria Ave

City Alexandria State VA Zip Code 22308-1015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 26 / 2011

Transaction ID: 20110824--7

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► 409.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Blain Rethmeier		Date of Receipt
	Mailing Address 2992 S Columbus St		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Arlington	VA	22206-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110816--8
Name of Employer American Insurance Association		Occupation Sr. VP - Public Affairs	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" value="1568.25"/>	<input type="text" value="92.25"/>

B.	Full Name (Last, First, Middle Initial) Blain Rethmeier		Date of Receipt
	Mailing Address 2992 S Columbus St		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Arlington	VA	22206-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824--8
Name of Employer American Insurance Association		Occupation Sr. VP - Public Affairs	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" value="1568.25"/>	<input type="text" value="92.25"/>

C.	Full Name (Last, First, Middle Initial) Willem Rijksen		Date of Receipt
	Mailing Address 2101 L St NW		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20037-1526
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110816--9
Name of Employer American Insurance Association		Occupation Vice President, Public Affairs	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" value="476.00"/>	<input type="text" value="28.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="212.50"/>
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 9 / 14
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Willem Rijkxen		Date of Receipt MM / DD / YYYY 08 / 26 / 2011
Mailing Address 2101 L St NW		Transaction ID: 20110824--9
City Washington	State DC	Zip Code 20037-1526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer American Insurance Association	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 476.00	

B.

Full Name (Last, First, Middle Initial) Tracyle Sandin		Date of Receipt MM / DD / YYYY 08 / 12 / 2011
Mailing Address 2101 L St NW Suite 400		Transaction ID: 20110816--10
City Washington	State DC	Zip Code 20037-1542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Insurance Association	Occupation VP, State Affairs & Strategic Planning	
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) Tracyle Sandin		Date of Receipt MM / DD / YYYY 08 / 26 / 2011
Mailing Address 2101 L St NW Suite 400		Transaction ID: 20110824--10
City Washington	State DC	Zip Code 20037-1542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Insurance Association	Occupation VP, State Affairs & Strategic Planning	
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)	128.00
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 10 / 14
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Melissa W. Shelk

Mailing Address 4845 Yorktown Blvd

City State Zip Code
Arlington VA 22207-2737

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

Name of Employer American Insurance Association
Occupation Vice President-Federal Affairs

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 1

Transaction ID: 20110816--11

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
Melissa W. Shelk

Mailing Address 4845 Yorktown Blvd

City State Zip Code
Arlington VA 22207-2737

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

Name of Employer American Insurance Association
Occupation Vice President-Federal Affairs

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 1

Transaction ID: 20110824--11

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
David Snyder

Mailing Address 410 Lincoln Ave

City State Zip Code
Falls Church VA 22046-2618

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

Name of Employer American Insurance Association
Occupation Assistant General Counsel

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 1

Transaction ID: 20110816--12

Amount of Each Receipt this Period

25.00

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: PAGE 11 / 14
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Snyder

Mailing Address 410 Lincoln Ave

City Falls Church State VA Zip Code 22046-2618

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 26 / 2011

Transaction ID: 20110824--12

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Allan J. Stein

Mailing Address 5513 Roosevelt St

City Bethesda State MD Zip Code 20817-3781

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 12 / 2011

Transaction ID: 20110816--13

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Allan J. Stein

Mailing Address 5513 Roosevelt St

City Bethesda State MD Zip Code 20817-3781

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 26 / 2011

Transaction ID: 20110824--13

Amount of Each Receipt this Period 25.00

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

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

A.	Full Name (Last, First, Middle Initial) Steve Suschil		Date of Receipt	
	Mailing Address 3050 Bastone Ct		M M / D D / Y Y Y Y 08 / 12 / 2011	
	City	State	Zip Code	Transaction ID: 20110816--14
	West Sacramento	CA	95691-5186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		13.93	
	Name of Employer American Insurance Association		Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 236.81		

B.	Full Name (Last, First, Middle Initial) Steve Suschil		Date of Receipt	
	Mailing Address 3050 Bastone Ct		M M / D D / Y Y Y Y 08 / 26 / 2011	
	City	State	Zip Code	Transaction ID: 20110824--14
	West Sacramento	CA	95691-5186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		13.93	
	Name of Employer American Insurance Association		Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 236.81		

C.	Full Name (Last, First, Middle Initial) J. Stephen Zielezienski		Date of Receipt	
	Mailing Address 10514 James Wren Way		M M / D D / Y Y Y Y 08 / 12 / 2011	
	City	State	Zip Code	Transaction ID: 20110816--18
	Fairfax	VA	22030-8119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
	Name of Employer American Insurance Association		Occupation Sr. Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)	▶	52.86
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 / 14	
	(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

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

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

A.	Full Name (Last, First, Middle Initial) J. Stephen Zielezienski		Date of Receipt																					
	Mailing Address 10514 James Wren Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	6		2	0	1	1														
	City State Zip Code Fairfax VA 22030-8119		Transaction ID: 20110824--18																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																					
Name of Employer American Insurance Association		Occupation Sr. Counsel																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00																						

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	1181.76

**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 14 / 14

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

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carper for Senate

Mailing Address 19 East Commons Blvd Second Floor

City State Zip Code
New Castle DE 19720

Purpose of Disbursement
2012 Primary

Candidate Name
Thomas Richard Carper

Office Sought: House
 Senate
 President

State: DE District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 42056F0A72B241B0869

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00