

# 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  
Assurant Inc. Political Action Committee

ADDRESS (number and street) 501 W. Michigan St  
PO BOX 3050  
 Check if different than previously reported. (ACC)  
Milwaukee WI 53203

2. **FEC IDENTIFICATION NUMBER** C00185694  
**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 02 01 2006 through 02 28 2006

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 Amy Newgard

Signature of Treasurer Electronically Filed by Amy Newgard Date 05 19 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Assurant Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		32329.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	40487.21									
(c) Total Receipts (from Line 19) .....	24985.56	37143.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65472.77	69472.77								
7. Total Disbursements (from Line 31) .....	15500.00	19500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49972.77	49972.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
Assurant Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	18101.07	19696.79
(i) Itemized (use Schedule A) .....	6884.49	17446.66
(ii) Unitemized .....	24985.56	37143.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24985.56	37143.45
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.) .....	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)) .....	24985.56	37143.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24985.56	37143.45

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	19500.00
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))..	15500.00	19500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15500.00	19500.00

**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) .....	24985.56	37143.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24985.56	37143.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<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)  
Assurant Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Eric Almassy

Mailing Address 10369 E Happy Hollow Drive

City State Zip Code  
Scottsdale AZ 85262-3103

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

Name of Employer Fortis Insurance Company Occupation Dir, Regional Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 85603062006

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Andruss

Mailing Address 3620 Walnut Kansas

City State Zip Code  
Kansas City MO 64111

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

Name of Employer Assurant Employee Benefits Occupation VP Corporate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 57203062006

Amount of Each Receipt this Period  
71.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Andruss

Mailing Address 3620 Walnut Kansas

City State Zip Code  
Kansas City MO 64111

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

Name of Employer Assurant Employee Benefits Occupation VP Corporate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 57303062006

Amount of Each Receipt this Period  
71.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	202.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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)  
Assurant Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Bacon

Mailing Address N32W23582 Fieldside Road

City State Zip Code  
Pewaukee WI 53072-4049

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

Name of Employer Occupation  
Fortis Insurance Company VP, Business Alliances

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 67303062006

Amount of Each Receipt this Period  
52.10

**B.** Full Name (Last, First, Middle Initial)  
Rajeev Bal

Mailing Address 10512 N Pine Ridge Drive

City State Zip Code  
Mequon WI 53092-6405

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

Name of Employer Occupation  
Fortis Insurance Company EVP, Small Group Market

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 67503062006

Amount of Each Receipt this Period  
53.00

**C.** Full Name (Last, First, Middle Initial)  
Kerry Clayton

Mailing Address 90 Druid Hill Rd

City State Zip Code  
Summit NJ 07901-3225

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

Name of Employer Occupation  
Assurant Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: 53554-65993899106980

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5105.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Christopher Dowler		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 10 Glenlake Pkwy		<b>Transaction ID:</b> 62903062006
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 61.53	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fortis Family	Occupation VP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.12	

Full Name (Last, First, Middle Initial) <b>B.</b> Steven Dziejdzic		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 200 E Reservoir Avenue		<b>Transaction ID:</b> 70203062006
City State Zip Code Milwaukee WI 53212-3724	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fortis Insurance Company	Occupation VP, Renewals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Steven Dziejdzic		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 200 E Reservoir Avenue		<b>Transaction ID:</b> 70303062006
City State Zip Code Milwaukee WI 53212-3724	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fortis Insurance Company	Occupation VP, Renewals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	261.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Michael Enright</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1685 Sunset Drive		<b>Transaction ID: 81803062006</b>	
City State Zip Code Elm Grove WI 53122-1632	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Insurance Company	Occupation VP, Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Joseph Erdeman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 103 Gold Leaf Court		<b>Transaction ID: 55803062006</b>	
City State Zip Code Canton GA 30114	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Assurant	Occupation Sr. VP Personal Property Protection		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>C. Joseph Erdeman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 103 Gold Leaf Court		<b>Transaction ID: 55903062006</b>	
City State Zip Code Canton GA 30114	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Assurant	Occupation Sr. VP Personal Property Protection		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Feagin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 415 The North Chace		<b>Transaction ID:</b> 59203062006	
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 265.83		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Assurant Family	Occupation President, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1063.32		

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Feagin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 415 The North Chace		<b>Transaction ID:</b> 59303062006	
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 265.83		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Assurant Family	Occupation President, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1063.32		

Full Name (Last, First, Middle Initial) <b>C.</b> James Grana		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 7001 N Yates Road		<b>Transaction ID:</b> 71903062006	
City State Zip Code Fox Point WI 53217-3824	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Insurance Company	Occupation VP, Forecasting & Adv Analytic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	631.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> James Grana		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 7001 N Yates Road		<b>Transaction ID:</b> 72003062006
City State Zip Code Fox Point WI 53217-3824	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Fortis Insurance Company	Occupation VP, Forecasting & Adv Analytic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Katherine Greenzang		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address Number 2 12th Street Apt. 812		<b>Transaction ID:</b> 70530-69352358579636
City State Zip Code Hoboken NJ 07030	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 3000.00
Name of Employer Assurant Inc.	Occupation SVP, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donald Hamm		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1660 N Prospect Avenue Apt. 2309		<b>Transaction ID:</b> 72503062006
City State Zip Code Milwaukee WI 53202-2400	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 208.34
Name of Employer Fortis Insurance Company	Occupation President & CEO Fortis Ins Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3308.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<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)  
Assurant Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Donald Hamm

Mailing Address 1660 N Prospect Avenue  
Apt. 2309

City State Zip Code  
Milwaukee WI 53202-2400

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

Name of Employer Occupation  
Fortis Insurance Company President & CEO Fortis Ins Co

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.36

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 72603062006

Amount of Each Receipt this Period  
208.34

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Helman

Mailing Address 38 Pippins Way

City State Zip Code  
Morristown NJ 07960-6973

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

Name of Employer Occupation  
Assurant Inc Sr. VP & General Auditor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 60003062006

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Helman

Mailing Address 38 Pippins Way

City State Zip Code  
Morristown NJ 07960-6973

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

Name of Employer Occupation  
Assurant Inc Sr. VP & General Auditor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 60103062006

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	483.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Rosaline Herd		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1330 Arrow Stone		<b>Transaction ID:</b> 87203062006
City State Zip Code San Antonio TX 78258-3266	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fortis Insurance Company	Occupation Dir, Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Hill		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 11726 N. 120th Street		<b>Transaction ID:</b> 55603062006
City State Zip Code Scottsdale AZ 85259	Amount of Each Receipt this Period 95.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Assurant Solutions	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Hill		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 11726 N. 120th Street		<b>Transaction ID:</b> 55703062006
City State Zip Code Scottsdale AZ 85259	Amount of Each Receipt this Period 95.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Assurant Solutions	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	255.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Laura Hohing		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 929 N Astor Street Apt. 408		<b>Transaction ID:</b> 81903062006	
City Milwaukee	State WI	Amount of Each Receipt this Period 100.00	
Zip Code 53202-7000		Transaction ID: 81903062006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Fortis Insurance Company	Occupation Sr VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Laura Hohing		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 929 N Astor Street Apt. 408		<b>Transaction ID:</b> 82003062006	
City Milwaukee	State WI	Amount of Each Receipt this Period 100.00	
Zip Code 53202-7000		Transaction ID: 82003062006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Fortis Insurance Company	Occupation Sr VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Deborah Kramer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 7090 N Green Tree Court		<b>Transaction ID:</b> 75503062006	
City River Hills	State WI	Amount of Each Receipt this Period 85.00	
Zip Code 53217-3706		Transaction ID: 75503062006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00	
Name of Employer Fortis Insurance Company	Occupation Sr VP Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	285.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Deborah Kramer</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 7090 N Green Tree Court		<b>Transaction ID: 75603062006</b>	
City State Zip Code River Hills WI 53217-3706	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fortis Insurance Company	Occupation Sr VP Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. Scott Krienke</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 3336 Nagawicka Avenue		<b>Transaction ID: 75703062006</b>	
City State Zip Code Delafield WI 53018-1021	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fortis Insurance Company	Occupation VP, Product Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Scott Krienke</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 3336 Nagawicka Avenue		<b>Transaction ID: 75803062006</b>	
City State Zip Code Delafield WI 53018-1021	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fortis Insurance Company	Occupation VP, Product Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<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)  
Assurant Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ronny Lancaster

Mailing Address 4675 Regency Trace

City Atlanta State GA Zip Code 30331

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

Name of Employer Assurant Inc. Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 5 / 2 0 0 6

Transaction ID: 60603062006

Amount of Each Receipt this Period  
 125.00

**B.** Full Name (Last, First, Middle Initial)  
Ronny Lancaster

Mailing Address 4675 Regency Trace

City Atlanta State GA Zip Code 30331

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

Name of Employer Assurant Inc. Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 60703062006

Amount of Each Receipt this Period  
 125.00

**C.** Full Name (Last, First, Middle Initial)  
Brad Lindemann

Mailing Address 525 3rd St. N  
Unit 107

City Minneapolis State MN Zip Code 55401-1239

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

Name of Employer John Alden Life Insurance Company Occupation VP, Direct Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 83203062006

Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gregory Loerzel</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 19 Patterdale Place		<b>Transaction ID: 87803062006</b>	
City State Zip Code Downingtown PA 19335-1119		Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Fortis Insurance Company Dir, Regional Sales			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Matthew McGuire</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 4807 Summerset Drive		<b>Transaction ID: 65203062006</b>	
City State Zip Code Rapid City SD 57702-9244		Amount of Each Receipt this Period 122.38	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Am. Mem. Life Ins. Co. Sr. VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 489.52	

Full Name (Last, First, Middle Initial) <b>C. Matthew McGuire</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 4807 Summerset Drive		<b>Transaction ID: 65303062006</b>	
City State Zip Code Rapid City SD 57702-9244		Amount of Each Receipt this Period 122.38	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Am. Mem. Life Ins. Co. Sr. VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 489.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	299.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David Meyer</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address N80W7401 Hickory Street		<b>Transaction ID: 82403062006</b>	
City Cedarburg State WI Zip Code 53012-1041	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Insurance Company Occupation VP, Regional Sales	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mike Norderhaug</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2425 Camelot Drive		<b>Transaction ID: 82603062006</b>	
City Brookfield State WI Zip Code 53045-3914	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Insurance Company Occupation VP, Regional Sales	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. James Oatman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 640B Machenry Circle		<b>Transaction ID: 77303062006</b>	
City Brookfield State WI Zip Code 53045-3636	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Insurance Company Occupation Sr VP Chief Actuary	Aggregate Year-to-Date ▼ 680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James Oatman</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 640B Macheny Circle		<b>Transaction ID: 77403062006</b>
City State Zip Code Brookfield WI 53045-3636	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fortis Insurance Company	Occupation Sr VP Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Pollard</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 11613 N Lantern Lane		<b>Transaction ID: 78003062006</b>
City State Zip Code Mequon WI 53092-1565	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fortis Insurance Company	Occupation Sr VP Chief Admin Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Pollock</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 66 Leonard Street Apt. # 10B		<b>Transaction ID: 85203-28983706235885</b>
City State Zip Code New York NY 10013-3455	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Assurant Inc.	Occupation Executive VP & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Karen Porter-Wolf		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 13501 SW 102 Ave		Transaction ID: 56103062006	
City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Assurant Solutions	Occupation VP Compliance Legal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ross Rosenberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 9640 Wyoming Terrace S		Transaction ID: 85103062006	
City State Zip Code Bloomington MN 55438-1640	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer John Alden Life Insurance Company	Occupation Sr VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ross Rosenberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 9640 Wyoming Terrace S		Transaction ID: 85203062006	
City State Zip Code Bloomington MN 55438-1640	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer John Alden Life Insurance Company	Occupation Sr VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Assurant Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Schulz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 7315 Western Avenue		<b>Transaction ID:</b> 64403062006
City State Zip Code Darien IL 60561-4157	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fortis Insurance Company	Occupation VP, IT Business Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eric Schulz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 7315 Western Avenue		<b>Transaction ID:</b> 64503062006
City State Zip Code Darien IL 60561-4157	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fortis Insurance Company	Occupation VP, IT Business Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Shamrao		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 536 E 32nd Street Unit B		<b>Transaction ID:</b> 78603062006
City State Zip Code Chicago IL 60616-4214	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Fortis Insurance Company	Occupation VP, Knowledge Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	272.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sheila Sweeney</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 102-55 67th Drive		<b>Transaction ID: 61503062006</b>	
City State Zip Code Forest Hill NY 11375	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Assurant Inc	Occupation VP Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. David Tulbert</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address N105W14490 Wilson Circle		<b>Transaction ID: 79603062006</b>	
City State Zip Code Germantown WI 53022-4300	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Insurance Company	Occupation VP, Legal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. Mark Willey</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2021 Somerset Lane		<b>Transaction ID: 85403062006</b>	
City State Zip Code Wheaton IL 60187-8156	Amount of Each Receipt this Period 53.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer John Alden Life Insurance Company	Occupation VP, Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	168.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 28
	<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John Wood		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 778 Laureate Drive		<b>Transaction ID:</b> 81003062006	
City State Zip Code Pewaukee WI 53072-2681	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fortis Insurance Company	Occupation VP, Sr Data Modeler		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Craig Yopp		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 524 Westberry Dr.		<b>Transaction ID:</b> 67003062006	
City State Zip Code Rapid City SD 57702-2716	Amount of Each Receipt this Period 91.67		
FEC ID number of contributing federal political committee. C			
Name of Employer American Memorial Life Ins Co	Occupation VP Finance & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.68		

Full Name (Last, First, Middle Initial) <b>C.</b> Craig Yopp		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 524 Westberry Dr.		<b>Transaction ID:</b> 67103062006	
City State Zip Code Rapid City SD 57702-2716	Amount of Each Receipt this Period 91.67		
FEC ID number of contributing federal political committee. C			
Name of Employer American Memorial Life Ins Co	Occupation VP Finance & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	243.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 28	
	(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)  
Assurant Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Scot Zajic

Mailing Address 1212 E Brown Deer Road

City Bayside State WI Zip Code 53217-1905

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

Name of Employer Fortis Insurance Company Occupation Dir, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 81403062006

Amount of Each Receipt this Period  
 50.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18101.07



**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 25 / 28

<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. AHIP PAC</b>		<b>Transaction ID:</b> 53269-6656000018119 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 601 Pennsylvania South Building Ste 500		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004	Purpose of Disbursement 2006 Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement 2006 Contribution Candidate Name		

Full Name (Last, First, Middle Initial) <b>B. Battle Born Political Action Committee</b>		<b>Transaction ID:</b> 07140-8408624529838 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address PO Box 40366 Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20016	Purpose of Disbursement 2006 Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement 2006 Contribution Candidate Name		

Full Name (Last, First, Middle Initial) <b>C. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> 88762-8240320086479 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 120 Maryland Avenue Northeast		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 2006 Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement 2006 Contribution Candidate Name		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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 26 / 28

<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Dick Durbin Committee</b>		<b>Transaction ID:</b> 87852-9383508563041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 2000.00
City Springfield State IL Zip Code 62705	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Richard Durbin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Dick Durbin Committee</b>		<b>Transaction ID:</b> 87852-68383425474167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address PO Box 1949		Amount of Each Disbursement this Period -2000.00
City Springfield State IL Zip Code 62705	011 Category/ Type	
Purpose of Disbursement Uncashed 1/9/06 Contribution		
Candidate Name Richard Durbin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Growth and Prosperity Political Action Committee</b>		<b>Transaction ID:</b> 53374-3979303240776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 2610 Ridge Road Drive Suite 300		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22302	011 Category/ Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 27 / 28

<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Heather Wilson for Congress</b>		<b>Transaction ID:</b> 88762-3073846697807 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lincoln Diaz-Balart for Congress Committee</b>		<b>Transaction ID:</b> 07140-7290155291557 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 2801 Ponce De Leon Blvd. Ste. 1000		Amount of Each Disbursement this Period 1000.00
City Coral Gables State FL Zip Code 33134	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Lincoln Diaz-Balart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mario Diaz-Balart for Congress</b>		<b>Transaction ID:</b> 07140-4237176775932 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 2801 Ponce De Leon Blvd. Ste1000 PO Box 226		Amount of Each Disbursement this Period 1000.00
City Coral Gables State FL Zip Code 33134	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Mario Diaz-Balart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 28 / 28

<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)  
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
2006 Primary

Candidate Name  
Michael Burgess

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Transaction ID: 54015-9790613055229  
Date of Disbursement

/

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**B. Pryce for Congress**

Mailing Address 145 East Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
2006 Primary

Candidate Name  
Deborah Pryce

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: 49844-4453088641166  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

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