

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2001 JUL 23 A 11:54

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

C00354290 060601 W 288
MARR AFABLE
AMERICAN FAMILY MUTUAL INSURAN
CE COMPANY FEDERAL PAC (AMFAR
6000 AMERICAN PARKWAY
MADISON WI 53783

Check if different than previously reported. (ACG)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00354290

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

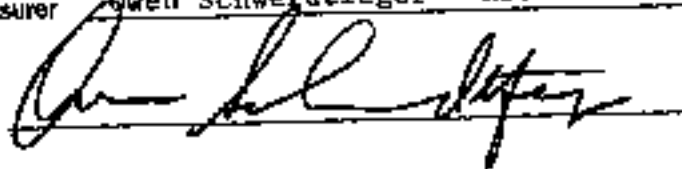
5. Covering Period

01 01 2001 through 06 30 2001

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 Owen Schwerdtfeger - Assistant Treasurer

Signature of Treasurer



Date

07 16 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

American Family Mutual Insurance Company Federal PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2001"/>		<input type="text" value="214500"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="214500"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="473500"/>	<input type="text" value="473500"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="688000"/>	<input type="text" value="688000"/>
7. Total Disbursements (from Line 30).....	<input type="text" value="635000"/>	<input type="text" value="635000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53000"/>	<input type="text" value="53000"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedules C and/or Schedule D).....	<input type="text" value="0"/>	

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

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

American Family Mutual Insurance Company Federal PAC

Report Covering the Period: From: 01 / 01 / 2001 To: 06 / 30 / 2001

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)	2,640.00	
(ii) Unitemized	2,095.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	4,735.00	4,735.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	4,735.00	4,735.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	4,735.00	4,735.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	4,735.00	4,735.00

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,350.00	6,350.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	6,350.00	6,350.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	6,350.00	6,350.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	6,350.00	6,350.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	6,350.00	6,350.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

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

FOR LINE NUMBER: PAGE 1 OF 3

(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)

American Family Mutual Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Harvey R. Pierce

Mailing Address

1342 Boundary Road

City

Middleton,

State

WI

Zip Code

53562

FEC ID number of contributing federal political committee.

C

Name of Employer

American Family Mutual Insurance Company

Occupation

Chairman, CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 6 0 0 0

Date of Receipt Payroll Deduction

0000 / 0000 / 00000000

Amount of Each Receipt this Period

3 6 0 0 0

(\$30.00 - 2 x month)

Full Name (Last, First, Middle Initial)

B. David Anderson

Mailing Address

4717 Fond Du Lac Trail

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing federal political committee.

C

Name of Employer

American Family Mutual Insurance Company

Occupation

President, COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 6 0 0 0

Date of Receipt Payroll Deduction

0000 / 0000 / 00000000

Amount of Each Receipt this Period

3 6 0 0 0

(\$30.00 - 2 x month)

Full Name (Last, First, Middle Initial)

C. Darnell Moore

Mailing Address

2932 Forest Down

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing federal political committee.

C

Name of Employer

American Family Mutual Insurance Company

Occupation

EVP - Administration

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 4 0 0 0

Date of Receipt Payroll Deduction

0000 / 0000 / 00000000

Amount of Each Receipt this Period

2 4 0 0 0

(\$20.00 - 2 x month)

SUBTOTAL of Receipts This Page (optional)

9 6 0 0 0

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 2 OF 3	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
James Eldridge

Mailing Address
1830 Cobblestone Ct.

City State Zip Code
Sun Prairie, WI 53590

FEC ID number of contributing federal political committee.
C

Name of Employer
American Family Mutual Insurance Company

Occupation
EVP - Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,400.00

Date of Receipt Payroll Deduction
[] [] []

Amount of Each Receipt this Period
2,400.00
(\$20.00 - 2 x month)

B. Full Name (Last, First, Middle Initial)
J. Brent Johnson

Mailing Address
6675 Highland Dr.

City State Zip Code
Windsor, WI 53598

FEC ID number of contributing federal political committee.
C

Name of Employer
American Family Mutual Insurance Company

Occupation
EVP - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,400.00

Date of Receipt Payroll Deduction
[] [] []

Amount of Each Receipt this Period
2,400.00
(\$20.00 - 2 x month)

C. Full Name (Last, First, Middle Initial)
Dan DeSalvo

Mailing Address
826 Charing Cross Dr.

City State Zip Code
Madison, WI 53704

FEC ID number of contributing federal political committee.
C

Name of Employer
American Family Mutual Insurance Company

Occupation
EVP - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,400.00

Date of Receipt Payroll Deduction
[] [] []

Amount of Each Receipt this Period
2,400.00
(\$20.00 - 2 x month)

SUBTOTAL of Receipts This Page (optional) 7,200.00

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 3 OF 3	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
American Family Mutual Insurance Company Federal PAC

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

Mailing Address
9510 Meridian Blvd.

City State Zip Code
Englewood, CO 80112

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
American Family Mutual Insurance Company VP - Sales

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300 00

Date of Receipt Payroll Deduction
[] / [] / []

Amount of Each Receipt this Period
300 00
(\$25.00 - 2 x month)

Full Name (Last, First, Middle Initial)
B. Byrna Chapman

Mailing Address
6706 Putnam Road

City State Zip Code
Madison, WI 53711

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
American Family Mutual Insurance Company VP - I/S

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360 00

Date of Receipt Payroll Deduction
[] / [] / []

Amount of Each Receipt this Period
360 00
(\$30.00 - 2 x month)

Full Name (Last, First, Middle Initial)
C. Michael Duran

Mailing Address
4802 Mitchell Ave.

City State Zip Code
St. Joseph, MO 64507

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
American Family Mutual Insurance Company VP - Sales

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300 00

Date of Receipt Payroll Deduction
[] / [] / []

Amount of Each Receipt this Period
300 00
(\$25.00 - 2 x month)

SUBTOTAL of Receipts This Page (optional)	960 00
TOTAL This Period (last page this line number only)	2640 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)		PAGE 1 OF 2	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 26	
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28

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

A. Feingold Senate Committee

Full Name (Last, First, Middle Initial) _____
Date of Disbursement: 02 / 23 / 2001

Mailing Address: PO Box 620052
City: Middleton, WI Zip Code: 53562

Purpose of Disbursement: Contribution
Candidate Name: Russ Feingold
Category/Type: 011

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: WI District: --

Amount of Each Disbursement this Period: 100.00

B. Earl Pomeroy for Congress

Full Name (Last, First, Middle Initial) _____
Date of Disbursement: 04 / 20 / 2001

Mailing Address: P.O. Box 746
City: Bismarck, ND Zip Code: 58502

Purpose of Disbursement: Contribution
Candidate Name: Earl Pomeroy
Category/Type: 011

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: ND District: --

Amount of Each Disbursement this Period: 500.00

C. Friends of Kent Conrad

Full Name (Last, First, Middle Initial) _____
Date of Disbursement: 04 / 20 / 2001

Mailing Address: P.O. Box 812
City: Bismarck, ND Zip Code: 58502

Purpose of Disbursement: Contribution
Candidate Name: Kent Conrad
Category/Type: 011

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: ND District: --

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) 1100.00

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)

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

American Family Mutual Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Denny Pierson for Congress

Mailing Address: P.O. Box 2002

City: Sioux Falls, State: SD, Zip Code: 57101

Purpose of Disbursement: Contribution

Candidate Name: Denny Pierson

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: SD, District: --

Date of Disbursement: 05/16/2001

Amount of Each Disbursement this Period: 5,000.00

Category/Type: 011

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. NAI PAC

Mailing Address: 2600 River Road

City: Des Plaines, State: IL, Zip Code: 60018

Purpose of Disbursement: Transfer

Candidate Name:

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: , District:

Date of Disbursement: 06/01/2001

Amount of Each Disbursement this Period: 4,250.00

Category/Type: 011

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Tammy Baldwin for Congress

Mailing Address: P.O. Box 696

City: Madison, State: WI, Zip Code: 53701

Purpose of Disbursement: Contribution

Candidate Name: Tammy Baldwin

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: WI, District: 2nd

Date of Disbursement: 06/14/2001

Amount of Each Disbursement this Period: 5,000.00

Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

5,250.00

6,350.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-17-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>Jes</i> PREPARER	 7-23-01 DATE PREPARED