

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

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

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

Full Name (Last, First, Middle Initial)
A. Harvey R. Pierce

Mailing Address
1342 Boundary Road

City State Zip Code
Middleton, WI 53562

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
American Family Mutual Insurance Company Chairman, CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3 6 0 0 0

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

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 State Zip Code
Madison, WI 53705

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
American Family Mutual Insurance Company President, COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3 6 0 0 0

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

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 State Zip Code
Madison, WI 53711

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
American Family Mutual Insurance Company EVP - Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2 4 0 0 0

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

Amount of Each Receipt this Period
2 4 0 0 0
(\$20.00 - 2 x month)

SUBTOTAL of Receipts This Page (optional) ▶

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

9 6 0 0 0