

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 10
10/12/2000 10 : 45

1. NAME OF COMMITTEE (in full) American Insurance Association Federal Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1130 Connecticut Avenue, NW Suite 1000	2. FEC IDENTIFICATION NUMBER C00103143
CITY, STATE, and ZIP CODE Washington DC 20036	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		12033.26
(b) Cash on Hand at Beginning of Reporting Period	21775.05	
(c) Total Receipts (from line 19)	6827.45	78814.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28602.50	90847.52
7. Total Disbursements (from line 30)	15432.48	77677.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13170.02	13170.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 Electronically Filed by Ms. Leigh Ann Pusey	
Signature of Treasurer	Date 10/20/2000

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Insurance Association Federal Political Action Committee		REPORT COVERING PERIOD FROM 09/01/2000 TO: 09/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6826.12	49729.34	11.a.i.
ii. Unitemized	190.00	3003.07	11.a.ii.
iii. Total	6816.12	52732.41	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	23500.00	11.c.
d. Total Contributions	6816.12	76232.41	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	2500.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	11.33	81.85	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	6827.45	78814.26	19.
20. Total Federal Receipts	6827.45	78814.26	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	7.16	21.b.
c. Total Operating Expenditures	0.00	7.16	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	1750.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	15432.48	74420.34	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	1000.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	1000.00	28.d.
29. Other Disbursements	0.00	500.00	29.
30. Total Disbursements	15432.48	77677.50	30.
31. Total Federal Disbursements	15432.48	77677.50	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	6816.12	76232.41	32.
33. Total Contribution Refunds (from line 28d)	0.00	1000.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	6816.12	75232.41	34.
35. Total Federal Operating Expenditures	0.00	7.16	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	7.16	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 10
				FOR LINE NUMBER 11A1	
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 Federal Political Action Committee					
Full Name, Mailing Address, and ZIP Code Mr. Paul C. Blume 1501 Oak Avenue, #403 Evanston IL 60201-4221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Vice President, Midwest Region Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 40.00		
Full Name, Mailing Address, and ZIP Code Mr. Paul C. Blume 1501 Oak Avenue, #403 Evanston IL 60201-4221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Vice President, Midwest Region Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 40.00		
Full Name, Mailing Address, and ZIP Code Mr. Craig Berrington 5920 Granby Road Denwood MD 20855-1419 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Senior Vice President & General Counsel Aggregate Year-to-Date > \$ 1850.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 150.00		
Full Name, Mailing Address, and ZIP Code Mr. Craig Berrington 5920 Granby Road Denwood MD 20855-1419 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Senior Vice President & General Counsel Aggregate Year-to-Date > \$ 1850.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 150.00		
Full Name, Mailing Address, and ZIP Code Mr. David Snyder 410 Lincoln Avenue Falls Church VA 22046-2818 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Assistant General Counsel Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Mr. David Snyder 410 Lincoln Avenue Falls Church VA 22046-2818 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Assistant General Counsel Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Mr. Alan J. Stein 5513 Roosevelt Street Bethesda MD 20817-3781 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Assistant General Counsel Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 50.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 10
			FOR LINE NUMBER 11A1

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 Federal Political Action Committee

Full Name, Mailing Address, and ZIP Code Mr. Alan J. Stein 5513 Roosevelt Street Bethesda MD 20817-3781 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 50.00
	Occupation Assistant General Counsel	Aggregate Year-to-Date > \$ 480.00	
Full Name, Mailing Address, and ZIP Code Mr. David L. Unnewehr 12421 Madeley Lane Bowie MD 20715-2904 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 20.00
	Occupation Senior Research Manager	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. David L. Unnewehr 12421 Madeley Lane Bowie MD 20715-2904 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 20.00
	Occupation Senior Research Manager	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. Robert E. Vagley 1035 Belview Place McLean VA 22102-1551 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 384.60
	Occupation President	Aggregate Year-to-Date > \$ 4230.60	
Full Name, Mailing Address, and ZIP Code Mr. Robert E. Vagley 1035 Belview Place McLean VA 22102-1551 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 384.60
	Occupation President	Aggregate Year-to-Date > \$ 4230.60	
Full Name, Mailing Address, and ZIP Code Ms. Melissa W. Shelk 4845 Yorktown Blvd. Arlington VA 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 100.00
	Occupation Assistant Vice President-Federal Affa	Aggregate Year-to-Date > \$ 1020.00	
Full Name, Mailing Address, and ZIP Code Ms. Melissa W. Shelk 4845 Yorktown Blvd. Arlington VA 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
	Occupation Assistant Vice President-Federal Affa	Aggregate Year-to-Date > \$ 1020.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		5 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 Federal Political Action Committee				
Full Name, Mailing Address, and ZIP Code Mr. Carlos A. Munoz 9603 Hillridge Drive Kensington MD 20895-3121 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Sr. VP-Finance & Admin and Corporate S Aggregate Year-to-Date > \$ 825.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code Mr. Carlos A. Munoz 9603 Hillridge Drive Kensington MD 20895-3121 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Sr. VP-Finance & Admin and Corporate S Aggregate Year-to-Date > \$ 825.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code Mr. John G. Arlington 518 E Street, N.E. Washington DC 20002-5214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Assistant Vice President Aggregate Year-to-Date > \$ 423.06	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 38.46	
Full Name, Mailing Address, and ZIP Code Mr. John G. Arlington 518 E Street, N.E. Washington DC 20002-5214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Assistant Vice President Aggregate Year-to-Date > \$ 423.06	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 38.46	
Full Name, Mailing Address, and ZIP Code Mr. Robert V. Mendelsohn 9300 Arrowpoint Blvd. Charlotte NC 28275-8136 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Royal & SunAlliance Occupation Chairman Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 09/21/2000	Amount of Each Receipt this Period 1500.00	
Full Name, Mailing Address, and ZIP Code Mrs. Leigh Ann Pusey 4321 Majoram Court Alexandria VA 22310-1454 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affairs Aggregate Year-to-Date > \$ 1870.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 170.00	
Full Name, Mailing Address, and ZIP Code Mrs. Leigh Ann Pusey 4321 Majoram Court Alexandria VA 22310-1454 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Insurance Association Occupation Senior Vice President - Federal Affairs Aggregate Year-to-Date > \$ 1870.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 170.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	6 / 10
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) American Insurance Association Federal Political Action Committee					
Full Name, Mailing Address, and ZIP Code Mr. John G. Savercool 1130 Connecticut Ave., NW. Suite 1000 Washington DC 20036		Name of Employer American Insurance Association		Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President-Federal Affairs			
		Aggregate Year-to-Date > \$ 1375.00			
Full Name, Mailing Address, and ZIP Code Mr. John G. Savercool 1130 Connecticut Ave., NW. Suite 1000 Washington DC 20036		Name of Employer American Insurance Association		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President-Federal Affairs			
		Aggregate Year-to-Date > \$ 1375.00			
Full Name, Mailing Address, and ZIP Code Ms. Paula T. Nowakowski 1130 Connecticut Ave., NW Suite 1000 Washington DC 20036		Name of Employer American Insurance Association		Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Senior Vice President - Public Affairs			
		Aggregate Year-to-Date > \$ 847.50			
Full Name, Mailing Address, and ZIP Code Ms. Paula T. Nowakowski 1130 Connecticut Ave., NW Suite 1000 Washington DC 20036		Name of Employer American Insurance Association		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Senior Vice President - Public Affairs			
		Aggregate Year-to-Date > \$ 847.50			
Full Name, Mailing Address, and ZIP Code Mr. Jeffrey R. Schmidt 1130 Connecticut Ave., NW Suite 1000 Washington DC 20036		Name of Employer American Insurance Association		Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Political Director			
		Aggregate Year-to-Date > \$ 367.50			
Full Name, Mailing Address, and ZIP Code Mr. Jeffrey R. Schmidt 1130 Connecticut Ave., NW Suite 1000 Washington DC 20036		Name of Employer American Insurance Association		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Political Director			
		Aggregate Year-to-Date > \$ 367.50			
Full Name, Mailing Address, and ZIP Code Citigroup Inc. PAC 153 East 53rd Street New York NY 10043		Name of Employer Citigroup Inc. Political Action Commit		Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 2500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					6626.12

SCHEDULE A	ITEMIZED RECEIPTS	7 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 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 Federal Political Action Committee		
Full Name, Mailing Address, and ZIP Code First Union Bank, N.A.-Federal 1100 Connecticut Avenue, NW Washington DC 20036	Name of Employer First Union Bank, N.A. <hr/> Occupation	Date (month, day, year) 08/28/2008 <hr/> Amount of Each Receipt this Period 11.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 81.85	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		11.33

SCHEDULE B		ITEMIZED DISBURSEMENTS		8 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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 Federal Political Action Committee				
Full Name, Mailing Address, and ZIP Code Bob Franks for US Senate 1212 North Vernon Avenue Arlington VA 22201	Purpose of Disbursement Contribution: Bob Franks (NJ-R) (Senate NJ-12) Contribution: Bob Franks (NJ-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck ND 58502	Purpose of Disbursement Contribution: Earl Pomeroy (ND-1-D) (House ND-1-D) Contribution: Earl Pomeroy (ND-1-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Zimmer 2000 PO Box 6848 Lawrenceville NJ 08648	Purpose of Disbursement Contribution: Dick Zimmer (NJ-12-R) (House NJ-12) Contribution: Dick Zimmer (NJ-12-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ehrlich for Congress Committee 8600 La Salle Road Suite 103 Baltimore MD 21286	Purpose of Disbursement Contribution: Robert L. Ehrlich, Jr. (MD-2-R) (House MD-2) Contribution: Robert L. Ehrlich, Jr. (MD-2-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Kirk for Congress PO Box 2776 Arlington VA 22202	Purpose of Disbursement Contribution: Mark Kirk (IL-10-R) (House IL-10) Contribution: Mark Kirk (IL-10-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Clay Shaw 4451 Brookfield Corporate Drive Suite 200 Chantilly VA 20151	Purpose of Disbursement Contribution: Clay Shaw, Jr. (FL-22-R) (House FL-22) Contribution: Clay Shaw, Jr. (FL-22-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Abraham Senate 2000 900 Second Street, NE Suite 114 Washington DC 20002	Purpose of Disbursement Contribution: Spencer Abraham (MI-R) (Senate MI-2) Contribution: Spencer Abraham (MI-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Heather Wilson for Congress PO Box 14070 Albuquerque NM 87191	Purpose of Disbursement Contribution: Heather Wilson (NM-1-R) (House NM-1) Contribution: Heather Wilson (NM-1-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Nethercull PO Box 1925 Spokane WA 99210	Purpose of Disbursement Contribution: George R. Nethercull, Jr. (House WA-5) Contribution: George R. Nethercull, Jr. (WA-5-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 10
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mattingly for Senate PO Box 11641 Atlanta, GA 30355	Contribution: Mack Mattingly (GA-R) Senate: Mack Mattingly (GA-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/21/2000	1000.00
Mike Rogers for Congress 499 South Capitol Street, SW Suite 420 Washington, DC 20003	Contribution: Mike Rogers (MI-B-R) House: Mike Rogers (MI-B-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/21/2000	1000.00
McDonald for Congress 1707 Prince Street Suite 6 Alexandria, VA 22314	Contribution: Dan McDonald (WA-1-R) House: Dan McDonald (WA-1-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/25/2000	500.00
Ensign for Senate 405 South Decatur Las Vegas, NV 89107	Contribution: John Ensign (NV-R) Senate: John Ensign (NV-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/25/2000	1000.00
Rod Grams for US Senate 507 Capitol Court, NE Suite 100 Washington, DC 20002	Contribution: Rod Grams (MN-R) Senate: Rod Grams (MN-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/26/2000	1000.00
Ashcroft 2000 57 Capitol Court, NE Suite 100 Washington, DC 20002	Contribution: John Ashcroft (MO-R) Senate: John Ashcroft (MO-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/26/2000	1000.00
Schrock for Congress PO Box 61480 Virginia Beach, VA 23466	Contribution: Ed Schrock (VA-2-R) House: Ed Schrock (VA-2-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/26/2000	500.00
Lazio 2000 3 East Main Street PO Box 5083 Bay Shore, NY 11706	Contribution: Rick Lazio (NY-R) Senate: Rick Lazio (NY-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/26/2000	1000.00
Sessions for Congress PO Box 36585 Dallas, TX 75236	Contribution: Pete Sessions (TX-5-R) House: Pete Sessions (TX-5-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): General	09/26/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 10
				FOR LINE NUMBER	23
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NAME OF COMMITTEE (In Full) American Insurance Association Federal Political Action Committee					
Full Name, Mailing Address, and ZIP Code Premiere Technologies, Inc. Attn: Accounts Payable PO Box 14024 Newark NJ 07198-0024	Purpose of Disbursement Contribution: Mike Ferguson (N- J-7-R) Contribution: Mike Ferguson (NJ-7-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 10.56		
Full Name, Mailing Address, and ZIP Code Premiere Technologies, Inc. Attn: Accounts Payable PO Box 14024 Newark NJ 07198-0024	Purpose of Disbursement Contribution: Mike Ferguson (N- J-7-R) Contribution: Mike Ferguson (NJ-7-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 10.76		
Full Name, Mailing Address, and ZIP Code Premiere Technologies, Inc. PO Box 14024 Newark NJ 07198-0024	Purpose of Disbursement Contribution: Melissa Hart (PA- 4-R) Contribution: Melissa Hart (PA-4-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 11.16		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					15432.48