

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
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

ADDRESS (number and street) 2600 South River Road
Check if different than previously reported. (ACC) Des Plaines IL 60018 3286

2. **FEC IDENTIFICATION NUMBER** C00066472
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 (12S)
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 09 01 2010 through 09 30 2010

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 June Holmes

Signature of Treasurer Electronically Filed by June Holmes Date 10 20 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		162108.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	220615.04									
(c) Total Receipts (from Line 19)	36623.50	423129.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	257238.54	585238.54								
7. Total Disbursements (from Line 31)	238698.00	566698.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18540.54	18540.54								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

Report Covering the Period: From: To:

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)	24109.83	268956.02
(ii) Unitemized	2497.11	63530.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26606.94	332486.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	80000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36606.94	412486.43
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	10500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16.56	143.51
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))	36623.50	423129.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36623.50	423129.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	204500.00	504000.00
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.....	34198.00	62698.00
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))..	238698.00	566698.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	238698.00	566698.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	36606.94	412486.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36606.94	412486.43
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) N. James Tees		Date of Receipt MM / DD / YYYY 09 / 06 / 2010		
	Mailing Address 800 Loveland Road		Transaction ID: 32348150		
	City Moorestown	State NJ	Zip Code 08057-1446	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Argo Group US, Inc.	Occupation Chief Accounting Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Farid F Nagji		Date of Receipt MM / DD / YYYY 09 / 06 / 2010		
	Mailing Address 821 Canterbury Hill St		Transaction ID: 32348151		
	City San Antonio	State TX	Zip Code 78209-6038	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Argo Group US, Inc.	Occupation Sr VP & CIO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) William E Hitzelberger		Date of Receipt MM / DD / YYYY 09 / 06 / 2010		
	Mailing Address 7 Barrington Drive		Transaction ID: 32348152		
	City West Windsor	State NJ	Zip Code 08550-2835	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Tower Group Companies	Occupation Senior VP & CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
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 7 / 87
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial) Thomas Song		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
Mailing Address 235 Mayhew Drive		Transaction ID: 32348153
City South Orange	State NJ	Zip Code 07079-1310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tower Group Companies	Occupation Managing Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Scott T Melnik		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
Mailing Address 10 Mountain Laurel Lane		Transaction ID: 32348571
City Kings Park	State NY	Zip Code 11754-1017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tower Group Companies	Occupation Managing Vice President-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Salatore V Abano		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
Mailing Address 42 South Durst Drive		Transaction ID: 32348572
City Milltown	State NJ	Zip Code 08850-1332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tower Group Companies	Occupation Sr VP-Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Lawrence S Rogers

Mailing Address 1325 Berrydale Drive

City State Zip Code
Petaluma CA 94954-4323

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

Name of Employer Occupation
Tower Group Companies Vice President-West Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 32348573

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gary S Maier

Mailing Address 60 Mayflower Drive

City State Zip Code
Tenafly NJ 07670-3130

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

Name of Employer Occupation
Tower Group Companies Sr VP and Chief Underwriting Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 32348574

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Elliot S Orol

Mailing Address 200 East 82nd Street #28G

City State Zip Code
New York NY 10028-2750

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

Name of Employer Occupation
Tower Group Companies Sr VP, General Counsel and Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 32348575

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 87
(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
							17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Daniel J Liparini

Mailing Address 30 Fletcher Road

City State Zip Code
North Kingstown RI 02852-1603

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

Name of Employer Occupation
Tower Group Companies Managing VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 32348888

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Angelica Facchini

Mailing Address 53 Hawthorne Road

City State Zip Code
Essex Fells NJ 07021-1416

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

Name of Employer Occupation
Tower Group Companies Managing VP Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 32348890

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bruce Sanderson

Mailing Address 9 Maple Drive

City State Zip Code
North Caldwell NJ 07006-4548

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

Name of Employer Occupation
Tower Group Companies Managing VP Field Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 32348891

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 10 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Christian K Pechmann		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 12 Brookrace Drive		Transaction ID: 32348892
	City Mendham	State NJ	Zip Code 07945-2951
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Tower Group Companies	Occupation Sr VP Marketing and Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Louis D Levinson		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 49 Pickwick Rd		Transaction ID: 32350067
	City Manhasset	State NY	Zip Code 11030-3324
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
	Name of Employer Argo Group US, Inc.	Occupation President Excess & Surplus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) James E Roberts		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 11 Circle Dr		Transaction ID: 32350068
	City Greenwich	State CT	Zip Code 06830-6737
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Tower Group Companies	Occupation Managing VP Corp Planning & Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
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 11 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Michael H Lee		Date of Receipt
	Mailing Address 120 Broadway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 06 / 2010
	City	State	Zip Code
	New York	NY	10271-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 32350069
Name of Employer Tower Group Companies		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	<input type="text"/> 2500.00

B.	Full Name (Last, First, Middle Initial) Laurie A Ranegar		Date of Receipt
	Mailing Address 2230 Bellflower Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 06 / 2010
	City	State	Zip Code
	New Hope	PA	18938-5504
	FEC ID number of contributing federal political committee. C		Transaction ID: 32350070
Name of Employer Tower Group Companies		Occupation Sr VP Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Frederik M Fontein		Date of Receipt
	Mailing Address 1895 Great Pond Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 06 / 2010
	City	State	Zip Code
	North Andover	MA	01845-1219
	FEC ID number of contributing federal political committee. C		Transaction ID: 32350071
Name of Employer Tower Group Companies		Occupation Managing VP Midwest Zone	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Catherine M Wragg

Mailing Address 689 Luis M Marin Blvd Apt 304

City Jersey City State NJ Zip Code 07310

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

Name of Employer Tower Group Companies Occupation Managing VP Human Resources & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2010

Transaction ID: 32350072

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mark A Smith

Mailing Address 16 Harvale Drive

City Florham Park State NJ Zip Code 07932-2177

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

Name of Employer Tower Group Companies Occupation Managing VP CL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2010

Transaction ID: 32350398

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mark O Davey

Mailing Address 251 Deer Haven Dr.

City Ponte Vedra Beach State FL Zip Code 32082-2108

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

Name of Employer Fidelity National Group Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 09 / 12 / 2010

Transaction ID: 32350399

Amount of Each Receipt this Period 2800.00

SUBTOTAL of Receipts This Page (optional) ► 3300.00

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 13 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Rex P Honodel

Mailing Address 228 Steuben Dr

City State Zip Code
Glen Allen VA 23060

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

Name of Employer Southern States Insurance Exchange
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 32350400

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kevin Silva

Mailing Address 24 Payne Whitney Lane

City State Zip Code
Manhasset NY 11030-3217

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

Name of Employer Argo Group US, Inc.
Occupation Sr VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 32350482

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Weldon Wilson

Mailing Address 3930 Alomar Drive

City State Zip Code
Sherman Oaks CA 91423-4941

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

Name of Employer Century National Insurance Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: 32350483

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **1490.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Kevin W. Wilson

Mailing Address 5733 White Cloud Circle

City State Zip Code
Westlake Village CA 91362-5261

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

Name of Employer Occupation
Century National Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: 32350484

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Peter H Gise

Mailing Address 2774 Montebello

City State Zip Code
San Antonio TX 78259-2163

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

Name of Employer Occupation
Argo Group US, Inc. CFO Comercial Specialty

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: 32350660

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
William Meisen

Mailing Address 2080 Tanner Creek Lane

City State Zip Code
West Linn OR 97068-3671

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

Name of Employer Occupation
Argo Group US, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: 32350661

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► 1440.00

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 15 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Ms Cheryl Ann DeAngelo	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 9053 Seymour Street	Transaction ID: 32350662
	City State Zip Code Marcy NY 13403-2326	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Utica National Insurance Group	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Donna M Biondich	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 12175 Winding Oak Trl	Transaction ID: 32350663
	City State Zip Code Alpharetta GA 30005-7284	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Argo Group US, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) David A Murray	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 6676 Old College Road	Transaction ID: 32350664
	City State Zip Code Lisle IL 60532-3456	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Argo Group US, Inc.	Occupation SVP & Chief Actuary Commercial Special	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 87
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Timothy R Reed

Mailing Address 1 Sherman Lane

City State Zip Code
Utica NY 13501-5816

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

Name of Employer Occupation
Utica National Insurance Group Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: 32354766

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael Fusco

Mailing Address 57 Colgate Lane

City State Zip Code
Woodbury NY 11797-2220

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

Name of Employer Occupation
Argo Group US, Inc. SVP Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 32354921

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
E. D. Clark

Mailing Address 106 Allen St

City State Zip Code
Sherrill NY 13461-1346

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

Name of Employer Occupation
Utica National Insurance Group AVP Director Underwriting Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 32356681

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Timothy Moore

Mailing Address 299 Highbridge St
Apt 13

City Fayetteville State NY Zip Code 13066-1955

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

Name of Employer Utica National Insurance Group Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 32356684
 Amount of Each Receipt this Period 240.00

B. Full Name (Last, First, Middle Initial)
Dale E Buell

Mailing Address 9946 Korber Road

City Holland Patent State NY Zip Code 13354-4704

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

Name of Employer Utica National Insurance Group Occupation Manager- Customer Support Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 32356687
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory V. Ostergren

Mailing Address Corporate Centre
1949 East Sunshine

City Springfield State MO Zip Code 65899-0001

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

Name of Employer American National Property and Casualty Occupation Chairman President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1456193324776
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1040.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. James P Brannen

Mailing Address 3329 Waterberry Circle

City State Zip Code
Waukee IA 50263-8151

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

Name of Employer Occupation
FBL Financial Group Vice President Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 363.68

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1456262924776

Amount of Each Receipt this Period
45.46

P/R Deduction (\$45.46 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Charles T. Happel

Mailing Address 1025 N.W. 68th Avenue

City State Zip Code
Des Moines IA 50313-5455

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

Name of Employer Occupation
FBL Financial Group Sr Field Claim Representative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 218.24

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1456325724776

Amount of Each Receipt this Period
27.28

P/R Deduction (\$27.28 Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. June T. Holmes

Mailing Address 409 S. Vine

City State Zip Code
Park Ridge IL 60068-4145

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

Name of Employer Occupation
Property Casualty Insurers Association Treasurer & COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1456336824776

Amount of Each Receipt this Period
300.00

P/R Deduction (\$150.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **372.74**

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 19 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Ms. Joanne M. Orfanos	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2104 Butternut Lane	Transaction ID: PR1456395524776
	City State Zip Code Northbrook IL 60062-6608	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Property Casualty Insurers Association Occupation Sr VP Membership & Marketing Communica Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Mr. Bruce D Trost	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 13749 Bay Hill Court	Transaction ID: PR1456453324776
	City State Zip Code Clive IA 50325-8563	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer FBL Financial Group Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3750.03	P/R Deduction (\$416.67 Monthly)

C.	Full Name (Last, First, Middle Initial) Mr. Scott A. Joyner	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 57 E. Delaware #2105	Transaction ID: PR1456541524776
	City State Zip Code Chicago IL 60611-1476	Amount of Each Receipt this Period 213.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Property Casualty Insurers Association Occupation Vice President Information Technology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1917.00	P/R Deduction (\$106.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	729.67
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 20 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Jon D. Srna		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 512 J.C. Rogers		Transaction ID: PR1456671224776		
	City Wamego	State KS	Zip Code 66547	Amount of Each Receipt this Period 29.17	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$29.17 Monthly)		
	Name of Employer FBL Financial Group	Occupation Business Operations Vice President	Aggregate Year-to-Date 262.53		

B.	Full Name (Last, First, Middle Initial) Mr. Steven Wittmuss		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7410 Lambert Place		Transaction ID: PR1456694624776		
	City Lincoln	State NE	Zip Code 68516-5813	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer FBL Financial Group	Occupation Property Claims Vice President	Aggregate Year-to-Date 900.00		

C.	Full Name (Last, First, Middle Initial) Ms. Susan G. Vincent		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1787 Sheffield		Transaction ID: PR1456707724776		
	City Birmingham	State MI	Zip Code 48009-7224	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)		
	Name of Employer Amerisure Companies	Occupation VP-General Counsel & Sec.	Aggregate Year-to-Date 950.00		

SUBTOTAL of Receipts This Page (optional)	229.17
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 21 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Quinn

Mailing Address 5749 Old US 23

City Fenton State MI Zip Code 48430-9372

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

Name of Employer Amerisure Companies Occupation VP-Treasury

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1456707824776

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. David B. Hostetter

Mailing Address 37154 Weymouth

City Livonia State MI Zip Code 48152-4096

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

Name of Employer Amerisure Companies Occupation VP-Und & Prod Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1456707924776

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Pamela A. Burgess

Mailing Address 2604 Eaton Cross

City Royal Oak State MI Zip Code 48073-3723

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

Name of Employer Amerisure Companies Occupation VP Strategic Process Des

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1456708024776

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Ms. Debra Szmagaj

Mailing Address 1267 Old Milford Farms

City Milford State MI Zip Code 48381-3373

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

Name of Employer Amerisure Companies Occupation VP Bus. Application Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1456708124776

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Don A. Smith

Mailing Address 54021 Trent River Drive

City Shelby Township State MI Zip Code 48315-1438

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

Name of Employer Amerisure Companies Occupation VP-Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1456708224776

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas E. Hoeg

Mailing Address 17950 Cranbrook Court

City Northville State MI Zip Code 48167-4335

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

Name of Employer Amerisure Companies Occupation Executive VP-COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1456708424776

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 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: PAGE 23 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Roy D Kinnan

Mailing Address 46139 Galway Drive

City State Zip Code
Novi MI 48374-3972

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

Name of Employer Occupation
Amerisure Companies SR VP-CFO & Treasurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1456708924776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Derick Adams

Mailing Address 26777 Halsted Road

City State Zip Code
Farmington Hills MI 48331-3577

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

Name of Employer Occupation
Amerisure Companies VP-Human Resources

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1456719924776

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr Frank L. Petersmark, III

Mailing Address 30611 Munger

City State Zip Code
Livonia MI 48154-6234

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

Name of Employer Occupation
Amerisure Companies VP-Information Systems

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1456720124776

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Graf

Mailing Address 45000 Drocton

City State Zip Code
Novi MI 48375-3802

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

Name of Employer Occupation
Amerisure Companies VP-Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1456720624776
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael Dieterle

Mailing Address 47202 White Pines Drive

City State Zip Code
Novi MI 48374-3697

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

Name of Employer Occupation
Amerisure Companies VP-Fld Mkt & Undrwrtnng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1456721824776
Amount of Each Receipt this Period: 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Donald Griffin

Mailing Address 1706 Belcourt Lane

City State Zip Code
Elgin IL 60120-7541

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

Name of Employer Occupation
Property Casualty Insurers Association Vice President Personal Lines

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1456723324776
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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 25 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Donald J. Seibel

Mailing Address 1537 South 45th

City State Zip Code
West Des Moines IA 50265-5765

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

Name of Employer Occupation
FBL Financial Group Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1456728824776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen W. Broadie

Mailing Address 480 Florian Drive

City State Zip Code
Des Plaines IL 60016-5716

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

Name of Employer Occupation
Property Casualty Insurers Association Vice President Financial Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1456730424776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Ann Marie Weber

Mailing Address 1432 South Fairview

City State Zip Code
Park Ridge IL 60068-5210

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

Name of Employer Occupation
Property Casualty Insurers Association VP, Regional Manager State Government

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1456730724776

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas W Gumm

Mailing Address 801 NE Lakeview Drive

City Ankeny State IA Zip Code 50021-4542

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

Name of Employer FBL Financial Group Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1456737824776

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Brett L Clausen

Mailing Address 12955 E Mercer Lane

City Scottsdale State AZ Zip Code 85259-4416

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

Name of Employer FBL Financial Group Occupation Business Unit Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1456751424776

Amount of Each Receipt this Period 200.00

P/R Deduction (\$200.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Michael F. Gilhooly

Mailing Address 12135 Flambeau Drive

City Palos Heights State IL Zip Code 60463-1659

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

Name of Employer Property Casualty Insurers Association Occupation Director State Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1456768824776

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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 27 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Jeff Fuller	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4921 Keane Drive	Transaction ID: PR1456783924776
	City State Zip Code Carmichael CA 95608-6025	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Vice President and General Counsel ACI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Mr. Edward H. Wagner	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1259 Dorchester	Transaction ID: PR1525802224776
	City State Zip Code Birmingham MI 48009-5995	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation VP-Regional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Mr. Randy M. Lester	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 501 Hickory Lake Drive	Transaction ID: PR1556188124776
	City State Zip Code Brandon FL 33511-6337	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	110.00
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 28 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Todd B. Ruthruff	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14615 Tudor Chase Drive	Transaction ID: PR1566733124776
	City State Zip Code Tampa FL 33626-3338	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation VP - Agency Ser Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Ms. Judith D. Greer	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 28454 Elmira	Transaction ID: PR1577038924776
	City State Zip Code Livonia MI 48150-3105	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation Tech Mgr, Quality & Prod	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark F. Fox	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 29911 Robert	Transaction ID: PR1578285424776
	City State Zip Code Livonia MI 48150-3045	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Amerisure Companies	Occupation VP Special Risk Undrwrng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Ms. Lori Lee Tobis

Mailing Address 450 South Vernon

City Dearborn State MI Zip Code 48124-1393

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

Name of Employer Amerisure Companies Occupation AVP Ins Ops Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1578285724776

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Ann W. Spragens

Mailing Address 5510 Chase Avenue

City Downers Grove State IL Zip Code 60515-4268

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

Name of Employer Property Casualty Insurers Association Occupation Sr Vice President, Secretary & General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1632493224776

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Yvonne Macks Hobson

Mailing Address 8933 Minne Wana Road

City Clarkston State MI Zip Code 48348-3318

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

Name of Employer Amerisure Companies Occupation VP-Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1633306024776

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 30 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Benjamin J. McKay	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1401 South Joyce Street	Transaction ID: PR1695170224776
	City State Zip Code Arlington VA 22202-1874	Amount of Each Receipt this Period 208.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Sr. VP Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.06	

B.	Full Name (Last, First, Middle Initial) Ms. Jean Demas	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2839 St. Anton Court	Transaction ID: PR1716716524776
	City State Zip Code Lisle IL 60532-3429	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer Property Casualty Insurers Association	Occupation Assistant Vice President Publishing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Mr David T. Sebastian	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 17127 Jonquil Avenue	Transaction ID: PR1752164524776
	City State Zip Code Lakeville MN 55044-9175	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
Name of Employer FBL Financial Group	Occupation Vice President- Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	263.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Mr Thomas R. Litjen

Mailing Address 3917 Barcroft Mews Court

City Falls Church State VA Zip Code 22041-1235

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

Name of Employer Property Casualty Insurers Association
Occupation VP Federal Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.06

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1790384224776
Amount of Each Receipt this Period 208.34
P/R Deduction (\$104.17 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr Dale D Chula

Mailing Address 14780 Hawthorn Drive

City Clive State IA Zip Code 50325-7765

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

Name of Employer FBL Financial Group
Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1810342424776
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr Joe Woods

Mailing Address 2100 Plumbrook

City Austin State TX Zip Code 78746-6232

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

Name of Employer Property Casualty Insurers Association
Occupation Asst VP State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1812180424776
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 288.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 87
(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
							17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
D. Kenton Brine

Mailing Address 1500 Water Street SW No 2

City Olympia State WA Zip Code 98501-2295

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

Name of Employer Property Casualty Insurers Association
Occupation Asst. VP State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1829855024776
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Ms Kelly Campbell

Mailing Address 228 Sugarbin Ct.

City Longmont State CO Zip Code 80501-9715

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

Name of Employer Property Casualty Insurers Association
Occupation VP State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1932624224776
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Daniel H. Johnson

Mailing Address 10715 David Taylor Dr. Suite 500

City Charlotte State NC Zip Code 28262-1283

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

Name of Employer Amerisure Companies
Occupation AVP-CSC Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1936820224776
Amount of Each Receipt this Period 24.00
P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 124.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Rebecca Chapa

Mailing Address 26777 Halsted Road

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation Underwriting Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2020348624776

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Kurt D Gallinger

Mailing Address 26777 Halsted Road

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation VP Gov Rel & Counselor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2020349224776

Amount of Each Receipt this Period 120.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Debra Even

Mailing Address 26777 Halsted

City Farmington Hills State MI Zip Code 48331-3577

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

Name of Employer Amerisure Companies Occupation AVP, Credit & Collection

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2059592224776

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 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: PAGE 34 / 87
(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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Harry J. Dell

Mailing Address 2316 Hulett Avenue

City State Zip Code
Faribault MN 55021-2273

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

Name of Employer Occupation
Austin Mutual Insurance Company 1st Vice President & Treasurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 410.54

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2127495024776

Amount of Each Receipt this Period
63.16

P/R Deduction (\$31.58 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Vincent T Donnelly

Mailing Address 174 Meadow View Lane

City State Zip Code
Lansdale PA 19446-5931

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

Name of Employer Occupation
PMA Insurance Group President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2151653924776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ryan N Albers

Mailing Address 3416 Giles St.

City State Zip Code
West Des Moines IA 50265-4025

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

Name of Employer Occupation
FBL Financial Group Commerical Agriculture Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.06

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2194012424776

Amount of Each Receipt this Period
33.34

P/R Deduction (\$33.34 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **146.50**

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 35 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Keith M DeMers		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2768 NW 76th Ave		Transaction ID: PR2194437724776
	City Ankeny	State IA	Zip Code 50023-9420
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer FBL Financial Group	Occupation Business Center Director	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) Susan Halterman		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5698 Chatham Street		Transaction ID: PR2194734624776
	City Johnston	State IA	Zip Code 50131-8779
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer FBL Financial Group	Occupation Director, Data Management	P/R Deduction (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

C.	Full Name (Last, First, Middle Initial) Joel B Jacobsen		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3279 N Avenue		Transaction ID: PR2194735124776
	City Adel	State IA	Zip Code 50003-8142
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer FBL Financial Group	Occupation Vice President Underwriting	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 36 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Jane E Keister

Mailing Address 604 W Walnut

City State Zip Code
Riley KS 66531-9644

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

Name of Employer Occupation
FBL Financial Group Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.06

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR2194736024776

Amount of Each Receipt this Period
33.34

P/R Deduction (\$33.34 Monthly)

B.

Full Name (Last, First, Middle Initial)
Ronald L Mead

Mailing Address 2972 Country Ridge Lane

City State Zip Code
Syracuse NE 68446-7849

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

Name of Employer Occupation
FBL Financial Group Senior Director of Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.84

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR2194737924776

Amount of Each Receipt this Period
32.73

P/R Deduction (\$32.73 Monthly)

C.

Full Name (Last, First, Middle Initial)
Brain C Neitzel

Mailing Address 560 Lookout Court

City State Zip Code
Waukee IA 50263-8435

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

Name of Employer Occupation
FBL Financial Group Corporate Tax Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR2194738224776

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **91.07**

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 37 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Leo M Orth, Jr		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14614 Wilden Drive		Transaction ID: PR2194743424776
	City Urbandale	State IA	Zip Code 50323-2070
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer FBL Financial Group	Occupation Vice President Research & Development	P/R Deduction (\$60.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

B.	Full Name (Last, First, Middle Initial) David A. Sampson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2435 Luckett Ave		Transaction ID: PR2228336724776
	City Vienna	State VA	Zip Code 22180-6819
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 355.00
	Name of Employer Property Casualty Insurers Association	Occupation President and CEO	P/R Deduction (\$177.50 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3195.00		

C.	Full Name (Last, First, Middle Initial) Ms. Ann Gray		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3309 Holly Street		Transaction ID: PR2228782924776
	City Alexandria	State VA	Zip Code 22305-1824
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Property Casualty Insurers Association	Occupation Asst to President & Director DC Office	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	▶	465.00
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 38 / 87
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Patrick I. Leeper

Mailing Address 1134 W. Ward Parkway

City Springfield State MO Zip Code 65810-2581

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

Name of Employer American National Property and Casualty
Occupation AVP-Lic & Field Perf Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2237485024776
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kristee Ann Buff

Mailing Address 4522 State Hwy J

City Rogersville State MO Zip Code 65742-7211

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

Name of Employer American National Property and Casualty
Occupation Director Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2243345024776
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Janet A. Clark

Mailing Address 1432. Rockingham Ave

City Nixa State MO Zip Code 65714-7649

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

Name of Employer American National Property and Casualty
Occupation Vice President Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2245152224776
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 87
(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
							17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Deirdre Manna

Mailing Address 1548 Maple Avenue

City Northbrook State IL Zip Code 60062-5475

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

Name of Employer Property Casualty Insurers Association
Occupation VP Industry, Regulatory and Political

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2247336324776
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Richard J. Kypta

Mailing Address 1420 Tulip Tree Lane

City West Des Moines State IA Zip Code 50266-6665

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

Name of Employer FBL Financial Group
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2256803724776
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Marguerite Tortorello

Mailing Address 4711 North Kenmore

City Chicago State IL Zip Code 60640-5980

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

Name of Employer Property Casualty Insurers Association
Occupation Sr Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2357924924776
Amount of Each Receipt this Period 300.00
P/R Deduction (\$150.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 87
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Shannon Lee Smith

Mailing Address 631 Ashton Lane

City State Zip Code
South Elgin IL 60177-3713

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

Name of Employer American National Property and Casualty
Occupation EVP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2367233524776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Timothy B VanDonge

Mailing Address 1024 Oak Tree Drive

City State Zip Code
Lawrence KS 66049-3871

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

Name of Employer FBL Financial Group
Occupation Insurance Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2380080424776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Paul Blume, JR

Mailing Address 430 W. sheridan Place

City State Zip Code
Lake Bluff IL 60044-2327

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

Name of Employer Property Casualty Insurers Association
Occupation Sr VP State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2400795624776

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 87
(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
							17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Robert Gordon

Mailing Address 1502 Woodacre Drive

City State Zip Code
McLean VA 22101-2537

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

Name of Employer Property Casualty Insurers Association
Occupation Sr VP Policy Development and Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2400795824776
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Christina Preisig

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer PMA Insurance Group
Occupation Sr Vice President Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2412362624776
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Richard W Ramell

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer PMA Insurance Group
Occupation Branch Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2412362724776
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. John Santulli

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer Occupation
PMA Insurance Group Exec Vice President Risk Services and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2412362824776

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Kurt L Schuhl

Mailing Address 380 Sentry Parkway

City State Zip Code
Blue Bell PA 19422-2357

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

Name of Employer Occupation
PMA Insurance Group Sr Vice President & Chief Claims Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2412362924776

Amount of Each Receipt this Period
15.00

P/R Deduction (\$15.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Robert J Bowen

Mailing Address 102 W Hagerman

City State Zip Code
Carlsbad NM 88220-5819

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

Name of Employer Occupation
FBL Financial Group Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2439829324776

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 87	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Micaela Isler		Date of Receipt		
	Mailing Address 980 Los Angeles NE		M M / D D / Y Y Y Y 09 / 30 / 2010		
	City Atlanta	State GA	Zip Code 30306-3604	Transaction ID: PR2485632324776	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
	Name of Employer Property Casualty Insurers Association	Occupation Regional Mgr State Government Relation	P/R Deduction (\$50.00 Semi-Monthly)		

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	24109.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 87
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Grange Mutual Casualty Company PAC		Date of Receipt
	Mailing Address 650 South Front Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2010
	City	State	Zip Code
	Columbus	OH	43206
	FEC ID number of contributing federal political committee. C		Transaction ID: 32350616
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

B.	Full Name (Last, First, Middle Initial) QBE Regional Co. Inc. Employee PAC		Date of Receipt
	Mailing Address One General Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2010
	City	State	Zip Code
	Sun Prairie	WI	53596
	FEC ID number of contributing federal political committee. C		Transaction ID: 32432576
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 10000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A. Full Name (Last, First, Middle Initial) Tom Buford for Senate</p> <p>Mailing Address 409 W. Maple Street</p> <p>City Nicholasville State KY Zip Code 40356</p> <p>Purpose of Disbursement Tom Buford, STATE SENATE 22nd KY</p> <p>Candidate Name Senator Tom Buford</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32240980 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p> <p>Tom Buford, STATE SENATE 22nd KY</p>
<p>B. Full Name (Last, First, Middle Initial) Kate McGee 2010</p> <p>Mailing Address 42 E Butler</p> <p>City Phoenix State AZ Zip Code 85020</p> <p>Purpose of Disbursement Kate McGee, STATE HOUSE 11th AZ</p> <p>Candidate Name Kate McGee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32240984 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Kate McGee, STATE HOUSE 11th AZ</p>
<p>C. Full Name (Last, First, Middle Initial) Vote Heather Carter</p> <p>Mailing Address 4815 E Carefree Highway Ste 108</p> <p>City Cave Creek State AZ Zip Code 85331</p> <p>Purpose of Disbursement Heather Carter, STATE HOUSE 7th AZ</p> <p>Candidate Name Heather Carter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32240987 Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Heather Carter, STATE HOU- SE 7th AZ</p>

SUBTOTAL of Disbursements This Page (optional) ▶

850.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Republican Senate Victory Committee <hr/> Mailing Address P. O. Box 11494 <hr/> City Tempe State AZ Zip Code 85284 <hr/> Purpose of Disbursement Candidate Name <hr/> 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) ▼	Transaction ID: 32241002 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010	Amount of Each Disbursement this Period 499.00
B.	Full Name (Last, First, Middle Initial) Republican House Victory Committee <hr/> Mailing Address 4183 W Gail Drive <hr/> City Chandler State AZ Zip Code 85226 <hr/> Purpose of Disbursement Candidate Name <hr/> 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) ▼	Transaction ID: 32241014 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010	Amount of Each Disbursement this Period 499.00
C.	Full Name (Last, First, Middle Initial) Vigesaa for ND House District #23 <hr/> Mailing Address P. O. Box 763 <hr/> City Cooperstown State ND Zip Code 58425-0763 <hr/> Purpose of Disbursement Donald Vigesaa, STATE HOUSE 23rd ND Candidate Name ND Rep. Donald Vigesaa <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32241072 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010	Amount of Each Disbursement this Period 300.00 Donald Vigesaa, STATE HOU- SE 23rd ND

SUBTOTAL of Disbursements This Page (optional) ▶

1298.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Earl Ray Tomblin</p> <p>Mailing Address #12 Trace Fork Road</p> <p>City Chapmanville State WV Zip Code 25508</p> <p>Purpose of Disbursement Earl Tomblin, STATE SENATE 7th WV</p> <p>Candidate Name Senator Earl Tomblin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32242358</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Earl Tomblin, STATE SENATE 7th WV</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Richard Thompson</p> <p>Mailing Address 5432 Dunkle Br. Rd</p> <p>City Lavelette State WV Zip Code 25535</p> <p>Purpose of Disbursement Richard Thompson, STATE HOUSE 17th WV</p> <p>Candidate Name Delegate Richard Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32242359</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Richard Thompson, STATE HOUSE 17th WV</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Democratic Party of Wisconsin</p> <p>Mailing Address 110 King Street Suite 203</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Void - The Democratic Party of Wisconsin</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32242877</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - The Democratic Par- ty of Wisconsin</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-250.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Jim Marleau for State Senate Mailing Address 3181 Sandoval City Lake Orion State MI Zip Code 48360 Purpose of Disbursement Jim Marleau, STATE SENATE 12th MI Candidate Name Jim Marleau Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32265175 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Jim Marleau, STATE SENATE 12th MI
B.	Full Name (Last, First, Middle Initial) Tonya Schuitmaker for State Senate Mailing Address P. O. Box 1116 City Portage State MI Zip Code 49081 Purpose of Disbursement Tonya Schuitmaker, STATE SENATE 20th MI Candidate Name Tonya Schuitmaker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32266166 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Tonya Schuitmaker, STATE SENATE 20th MI
C.	Full Name (Last, First, Middle Initial) Friends of Darwin Booher Mailing Address P. O. Box 971 City Ewart State MI Zip Code 49631 Purpose of Disbursement Darwin Booher, STATE SENATE 35th MI Candidate Name Darwin Booher Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32266970 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00 Darwin Booher, STATE SENATE 35th MI

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Friends of Mike Kowall <hr/> Mailing Address 2333 Cumberland Dr. <hr/> City White Lake State MI Zip Code 48383 <hr/> Purpose of Disbursement Mike Kowall, STATE SENATE 15th MI Candidate Name Mike Kowall <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32268204 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Dave Robertson for State Senate <hr/> Mailing Address P. O. Box 181 <hr/> City Grand Blanc State MI Zip Code 48480 <hr/> Purpose of Disbursement Dave Robertson, STATE SENATE 26th MI Candidate Name Dave Robertson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32269526 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith State Senate <hr/> Mailing Address 20445 Sheffield <hr/> City Detroit State MI Zip Code 48221 <hr/> Purpose of Disbursement Virgil Smith, STATE SENATE 4th MI Candidate Name Virgil Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32270691 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Arlan B. Meekhof for State Senate Mailing Address 9128 Oak Creek Lane City West Olive State MI Zip Code 49460 Purpose of Disbursement Arlan Meekhof, STATE SENATE 30th MI Candidate Name Arlan Meekhof Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32270704 Date of Disbursement 09 / 14 / 2010	Amount of Each Disbursement this Period 500.00 Arlan Meekhof, STATE SENATE 30th MI
B.	Full Name (Last, First, Middle Initial) Dave Hildenbrand for State Senate Mailing Address P. O. Box 1075 City Grand Rapids State MI Zip Code 49501 Purpose of Disbursement David Hildenbrand, STATE SENATE 29th MI Candidate Name David Hildenbrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32270773 Date of Disbursement 09 / 14 / 2010	Amount of Each Disbursement this Period 500.00 David Hildenbrand, STATE SENATE 29th MI
C.	Full Name (Last, First, Middle Initial) Mike Green for Senate Mailing Address 1500 E Blackmore Road City Mayville State MI Zip Code 48744 Purpose of Disbursement Mike Green, STATE SENATE 31st MI Candidate Name Mike Green Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 32270774 Date of Disbursement 09 / 14 / 2010	Amount of Each Disbursement this Period 500.00 Mike Green, STATE SENATE 31st MI

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Phil Pavlov for State Senate <hr/> Mailing Address 4126 Yankee Road <hr/> City St. Clair State MI Zip Code 48079 <hr/> Purpose of Disbursement Phillip Pavlov, STATE SENATE 25th MI Candidate Name MI Rep. Phillip Pavlov Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32270775 Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Phillip Pavlov, STATE SENATE 25th MI
B. Full Name (Last, First, Middle Initial) Cindy Denby for State Representative Committee <hr/> Mailing Address 9787 Amanda Drive <hr/> City Fowlerville State MI Zip Code 48836 <hr/> Purpose of Disbursement Cindy Denby, STATE HOUSE 47th MI Candidate Name MI Rep. Cindy Denby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 47 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32270779 Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Cindy Denby, STATE HOUSE 47th MI
C. Full Name (Last, First, Middle Initial) Committee to Elect Peter Lund <hr/> Mailing Address 6881 Muirfield <hr/> City Shelby Twp State MI Zip Code 48316 <hr/> Purpose of Disbursement Pete Lund, STATE HOUSE 36th MI Candidate Name MI Rep. Pete Lund Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 36 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32270782 Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Pete Lund, STATE HOUSE 36th MI

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Joe Haveman for State Representative

Mailing Address P. O. Box 457

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Joseph Haveman, STATE HOUSE 90th MI

Candidate Name
MI Rep. Joseph Haveman

Office Sought: House
 Senate
 President

State: MI District: 90

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32270784

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

500.00

Joseph Haveman, STATE HOUSE 90th MI

B. Full Name (Last, First, Middle Initial)
Committee to Elect Phil Potvin

Mailing Address P. O. Box 609

City Cadillac State MI Zip Code 49601

Purpose of Disbursement
Phil Potvin, STATE HOUSE 102nd MI

Candidate Name
Phil Potvin

Office Sought: House
 Senate
 President

State: MI District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32270786

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

500.00

Phil Potvin, STATE HOUSE 102nd MI

C. Full Name (Last, First, Middle Initial)
Friends of Eileen Kowal

Mailing Address 2333 Cumberland Dr

City White Lake State MI Zip Code 48383

Purpose of Disbursement
Eileen Kowall, STATE HOUSE 44th MI

Candidate Name
MI Rep. Eileen Kowall

Office Sought: House
 Senate
 President

State: MI District: 44

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32270791

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

500.00

Eileen Kowall, STATE HOUSE 44th MI

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)

Kasich for Governor

Mailing Address Post Office Box 06590

City State Zip Code
Columbus OH 43206

Purpose of Disbursement
John Kasich, GOVERNOR OH

Candidate Name
John Kasich

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 32316254

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

3500.00

John Kasich, GOVERNOR OH

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

31398.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Massachusetts Democratic Party - Federal Account</p> <p>Mailing Address 56 Roland Street North Lobby Suite 203</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32295367</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	6	/	2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	1	6	/	2	0	1	0													
5000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Roskam For Congress</p> <p>Mailing Address P.O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 06</p>	<p>Transaction ID: 32310398</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	0	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	2	0	/	2	0	1	0													
1000.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) House Conservatives Fund</p> <p>Mailing Address 324 2nd St. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32316337</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	3	/	2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	2	3	/	2	0	1	0													
2000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Cmte to Re-Elect Nydia M. Velazquez to Congress

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Category/
Type

Candidate Name
Repr Nydia Velazquez

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 12

Transaction ID: 32316391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
John Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. John Carney

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: DE District: 01

Transaction ID: 32316393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Boyd for Congress

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Category/
Type

Candidate Name
Repr Allen Boyd

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: FL District: 02

Transaction ID: 32316401

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Alamo PAC <hr/> Mailing Address 919 Congress Ave. Suite 1400 Frost Bank Plaza <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement 011 Candidate Name Alamo PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 32316479 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Christopher Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	Transaction ID: 32316499 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Pomeroy for Congress <hr/> Mailing Address P.O. Box 746 <hr/> City Bismark State ND Zip Code 58502 <hr/> Purpose of Disbursement 011 Candidate Name Representa Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	Transaction ID: 32316521 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">4000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">7500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Rossi For Senate	Transaction ID: 32316526 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 50713	Amount of Each Disbursement this Period 5000.00
	City Bellevue State WA Zip Code 98015	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Dino Rossi	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 32316527 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 16646	Amount of Each Disbursement this Period 3000.00
	City Milwaukee State WI Zip Code 53216	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Gwen Moore	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Heath Shuler For Congress	Transaction ID: 32316528 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 8446	Amount of Each Disbursement this Period 2000.00
	City Asheville State NC Zip Code 28814	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Heath Shuler	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A. Full Name (Last, First, Middle Initial) Jackie Speier For Congress</p> <p>Mailing Address Post Office Box 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Jackie Speier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 12</p>	<p>Transaction ID: 32316530 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Donnelly for Congress</p> <p>Mailing Address 499 South Capitol Street, SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02</p>	<p>Transaction ID: 32316531 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03</p>	<p>Transaction ID: 32316532 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
2000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) John Spratt for Congress <hr/> Mailing Address P.O. Box 10986 <hr/> City State Zip Code Rock Hill SC 29731 <hr/> Purpose of Disbursement <hr/> Candidate Name Repr John Spratt, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32316533 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Arcuri For Congress <hr/> Mailing Address P.O. Box 8508 <hr/> City State Zip Code Utica NY 13505 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32316534 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Transaction ID: 32316535 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Sanford D Bishop Jr for Congress <hr/> Mailing Address PO Box 909 <hr/> City State Zip Code Columbus GA 31902-0909 <hr/> Purpose of Disbursement <hr/> Candidate Name Repr Sanford Bishop, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32316535 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Driehaus For Congress <hr/> Mailing Address 650 Fox Trails Way <hr/> City Cincinnati State OH Zip Code 45233 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steve Driehaus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32316707 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Minnick For Congress <hr/> Mailing Address P O Box 306 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Walt Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32316713 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Roy Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32316716 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Bennet For Colorado <hr/> Mailing Address PO Box 3078 <hr/> City Denver State CO Zip Code 80201 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Michael Bennet <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32317265 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Stephene Moore <hr/> Mailing Address PO Box 19550 <hr/> City Lenexa State KS Zip Code 66285 <hr/> Purpose of Disbursement 011 Candidate Name Stephene Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32317469 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
C.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress <hr/> Mailing Address P.O. Box 868 <hr/> City Levittown State PA Zip Code 19058 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Patrick Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319450 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress <hr/> Mailing Address P O Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319457 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Terri Sewell For Congress <hr/> Mailing Address P.O. Box 1964 <hr/> City Birmingham State AL Zip Code 35201 <hr/> Purpose of Disbursement <hr/> Candidate Name Ms. Terri Sewell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319465 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Cornyn for Senate <hr/> Mailing Address 6850 Austin Centre Blvd. Suite 180 <hr/> City Austin State TX Zip Code 78731 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319466 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)

Dan Coats for Indiana

Mailing Address P. O. Box 301141

City Indianapolis State IN Zip Code 46230

Purpose of Disbursement

011
Category/
Type

Candidate Name
Dan Coats

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IN District:

Transaction ID: 32319483

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Carly For California Inc

Mailing Address 520 Capitol Mall Suite 220

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011
Category/
Type

Candidate Name
Ms. Carly Fiorina

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District:

Transaction ID: 32319486

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Moran For Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Jerry Moran

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: KS District:

Transaction ID: 32319494

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Sandy Adams For Congress <hr/> Mailing Address PO Box 1566 <hr/> City Orlando State FL Zip Code 32802 <hr/> Purpose of Disbursement <hr/> Candidate Name Sandy Adams <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319509 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Kirk For Senate <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Mark Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319597 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement <hr/> Candidate Name Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319618 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Blaine For Congress, Inc.

Mailing Address PO Box 1526

City Columbia State MO Zip Code 65205

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 09

Transaction ID: 32319621
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Geoff Davis for Congress

Mailing Address 700 12th Street NW
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Geoffrey Davis

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 04

Transaction ID: 32319627
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Hensarling for Congress

Mailing Address P.O. Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 05

Transaction ID: 32319628
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Gerlach for Congress <hr/> Mailing Address 631 N. Pottstown Pike <hr/> City Exton State PA Zip Code 19341 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Jim Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319630 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Toomey For Senate Committee <hr/> Mailing Address 2720 Jordan Road <hr/> City Orefield State PA Zip Code 18069 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Patrick Toomey <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319719 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ron Johnson For Senate Inc <hr/> Mailing Address 601 Oregon Street Suite A <hr/> City Oshkosh State WI Zip Code 54902 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Ronald Johnson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32319773 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Marco Rubio For US Senate	Transaction ID: 32319774 Date of Disbursement 09 / 23 / 2010
	Mailing Address 2030 South Douglas Road Suite 105	Amount of Each Disbursement this Period 5000.00
	City Coral Gables State FL Zip Code 33134	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Marco Rubio	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Boozman For Arkansas	Transaction ID: 32320298 Date of Disbursement 09 / 23 / 2010
	Mailing Address 322 North Bloomington Suite A-B	Amount of Each Disbursement this Period 5000.00
	City Lowell State AR Zip Code 72745	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. John Boozman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Portman For Senate Committee	Transaction ID: 32320431 Date of Disbursement 09 / 23 / 2010
	Mailing Address 8331 Little Harbor Drive	Amount of Each Disbursement this Period 2000.00
	City Cincinnati State OH Zip Code 45244	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Rob Portman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)

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<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Gardner For Congress		Transaction ID: 32320609	
	Mailing Address PO Box 2408		Date of Disbursement 09 / 23 / 2010	
	City Loveland	State CO	Zip Code 80539	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Cory Gardner				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO District: 04				
B.	Full Name (Last, First, Middle Initial) Friends Of Dennis Ross		Transaction ID: 32320614	
	Mailing Address PO Box 7310		Date of Disbursement 09 / 23 / 2010	
	City Lakeland	State FL	Zip Code 33807	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Dennis Ross				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 12				
C.	Full Name (Last, First, Middle Initial) Friends Of John Loughlin		Transaction ID: 32320619	
	Mailing Address PO Box 244		Date of Disbursement 09 / 23 / 2010	
	City Adamsville	State RI	Zip Code 02801	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. John Loughlin				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 01				

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Friends Of Bill Posey <hr/> Mailing Address P. O. Box 360877 <hr/> City Melbourne State FL Zip Code 32936 Purpose of Disbursement <hr/> Candidate Name Rep. Bill Posey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320633 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza <hr/> Mailing Address PO Box 2749 <hr/> City Merced State CA Zip Code 95340 Purpose of Disbursement <hr/> Candidate Name Rep. Dennis Cardoza <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320642 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Djou for Hawaii <hr/> Mailing Address PO Box 235280 <hr/> City Honolulu State HI Zip Code 96823 Purpose of Disbursement <hr/> Candidate Name Charles Kong Djou <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320644 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: 32320645 Date of Disbursement
	Mailing Address PO Box 6545	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Visalia State CA Zip Code 93290	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Devin Nunes	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Henry Hank Johnson	Transaction ID: 32320646 Date of Disbursement
	Mailing Address 6440 Old Hillandale Drive Suite 262	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Lithonia State GA Zip Code 30058	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Henry Johnson, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: 32320647 Date of Disbursement
	Mailing Address PO Box 637	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Repr Judy Biggert	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Alexander for Senate <hr/> Mailing Address 1130 Eighth Ave., South <hr/> City Nashville State TN Zip Code 37203 <hr/> Purpose of Disbursement <hr/> Candidate Name Gov. Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
	Amount of Each Disbursement this Period 2500.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Texans For Lamar Smith <hr/> Mailing Address PO Box 6155 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lamar Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320654 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Transaction ID: 32320672 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee <hr/> Mailing Address PO Box 54175 <hr/> City Lubbock State TX Zip Code 79453 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Robert Neugebauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320672 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Graves for Congress Mailing Address 4701 Northwest 82nd Street City Kansas City State MO Zip Code 64151 Purpose of Disbursement Candidate Name Repr Sam Graves Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320673 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Garrett for Congress Mailing Address P.O. Box 905 City Newton State NJ Zip Code 07860-0905 Purpose of Disbursement Candidate Name Mr. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320676 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Shelley Moore Capito for Congress Mailing Address PO Box 11519 City Charleston State WV Zip Code 25339-1519 Purpose of Disbursement Candidate Name Representa Shelley Capito Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32320685 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Duffy For Congress	Transaction ID: 32320686 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 186	Amount of Each Disbursement this Period 2000.00
	City Ashland State WI Zip Code 54806	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Sean Duffy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: 32320691 Date of Disbursement 09 / 23 / 2010
	Mailing Address 81 S Fifth Street	Amount of Each Disbursement this Period 2000.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Steve Stivers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tim Scott For Congress	Transaction ID: 32320692 Date of Disbursement 09 / 23 / 2010
	Mailing Address 1405 Ashley River Road	Amount of Each Disbursement this Period 2000.00
	City Charleston State SC Zip Code 29407	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Timothy Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Pete Sessions for Congress		Transaction ID: 32320693	
	Mailing Address PO Box 140970		Date of Disbursement 09 / 23 / 2010	
	City Dallas	State TX	Zip Code 75214-0970	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Repr Pete Sessions				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 05				
B.	Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee		Transaction ID: 32335718	
	Mailing Address PO Box 36831		Date of Disbursement 09 / 28 / 2010	
	City Charlotte	State NC	Zip Code 28236-6831	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Repr Melvin Watt				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 12				
C.	Full Name (Last, First, Middle Initial) Blumenauer for Congress		Transaction ID: 32335719	
	Mailing Address PO Box 1396		Date of Disbursement 09 / 28 / 2010	
	City Portland	State OR	Zip Code 97207-1396	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Repr Earl Blumenauer				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 03				

SUBTOTAL of Disbursements This Page (optional)

6500.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) McHenry for Congress <hr/> Mailing Address PO Box 360 <hr/> City Cherryville State NC Zip Code 28021 <hr/> Purpose of Disbursement <hr/> Candidate Name Patrick McHenry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335721 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jon Kyl for Senate <hr/> Mailing Address P.O. Box 10246 <hr/> City Phoenix State AZ Zip Code 85064-0264 <hr/> Purpose of Disbursement <hr/> Candidate Name Sena Jon Kyl <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335722 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Senate Majority Fund. <hr/> Mailing Address 507 Capitol Court, NE Suite 100 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> 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) ▼	Transaction ID: 32335728 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

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<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Citizens for Action <hr/> Mailing Address PO Box 1535 <hr/> City Wilkes-Barre State PA Zip Code 18703 Purpose of Disbursement 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) ▼	Transaction ID: 32335730 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Manchin For West Virginia <hr/> Mailing Address PO Box 5202 <hr/> City Charleston State WV Zip Code 25361 Purpose of Disbursement Candidate Name Mr. Joe Manchin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335734 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee <hr/> Mailing Address 38 Ivy St., SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Repr Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335748 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Bridge PAC <hr/> Mailing Address 499 South Capitol ST SW Suite 422 <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Bridge PAC <hr/> 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) ▼	Transaction ID: 32335755 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sherman for Congress <hr/> Mailing Address 555 South Flower Street Suite 4510 <hr/> City Los Angeles State CA Zip Code 90071 Purpose of Disbursement <hr/> Candidate Name Repr Brad Sherman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335757 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of John Conyers <hr/> Mailing Address 300 North Lee Street Suite 500 <hr/> City Alexandria State VA Zip Code 22314-2640 Purpose of Disbursement <hr/> Candidate Name Repr John Conyers, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335782 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) David Scott For Congress		Transaction ID: 32335783	
	Mailing Address 162 Hurt Street NE		Date of Disbursement 09 / 28 / 2010	
	City Atlanta	State GA	Zip Code 30307	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Rep. David Scott		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: GA District: 13		
B.	Full Name (Last, First, Middle Initial) Synergy PAC		Transaction ID: 32335806	
	Mailing Address 6849 Old Dominion Drive 222		Date of Disbursement 09 / 28 / 2010	
	City McClean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name Synergy PAC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		
C.	Full Name (Last, First, Middle Initial) Longhorn PAC		Transaction ID: 32335808	
	Mailing Address P.O. Box 40385 Suite 300		Date of Disbursement 09 / 28 / 2010	
	City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 32335900 Date of Disbursement
	Mailing Address Post Office Box 3068	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Barrington State IL Zip Code 60010	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) ModSquad (Moderate Democrats PAC)	Transaction ID: 32335906 Date of Disbursement
	Mailing Address 426 C Street NE	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="4000.00"/>
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) ▼	
C.	Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc	Transaction ID: 32335941 Date of Disbursement
	Mailing Address PO Box 29103	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Greensboro State NC Zip Code 27429	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="3000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Forward Together PAC <hr/> Mailing Address 201 North Union Street Suite 300 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 011 Candidate Name Forward Together PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 32335946 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">3500.00</div>
B.	Full Name (Last, First, Middle Initial) Gary Miller For Congress <hr/> Mailing Address 721 S. Brea Canyon Road, Suite 7 <hr/> City Diamond Bar State CA Zip Code 91789 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Gary Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 42	Transaction ID: 32335968 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>
C.	Full Name (Last, First, Middle Initial) Lance For Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 07	Transaction ID: 32335972 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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)

<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen <hr/> Mailing Address P.O. Box 44369 250 Prairie Center Drive <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Mr. Erik Paulsen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	Transaction ID: 32335974 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Gary Miller For Congress <hr/> Mailing Address 721 S. Brea Canyon Road, Suite 7 <hr/> City Diamond Bar State CA Zip Code 91789 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Rep. Gary Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 42	Transaction ID: 32335977 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress <hr/> Mailing Address PO Box 637 <hr/> City Hinsdale State IL Zip Code 60522 <hr/> Purpose of Disbursement 011 Category/Type <hr/> Candidate Name Repr Judy Biggert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13	Transaction ID: 32335978 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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)

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<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress Mailing Address P.O. Box 1441 City Topeka State KS Zip Code 66601 Purpose of Disbursement Candidate Name Lynn Jenkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335981 Date of Disbursement 09 / 28 / 2010	
	Amount of Each Disbursement this Period 500.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Paul Ryan for Congress Mailing Address P.O. Box 1919 City Janesville State WI Zip Code 53547-9941 Purpose of Disbursement Candidate Name Representa Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335982 Date of Disbursement 09 / 28 / 2010
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Garrett for Congress Mailing Address P.O. Box 905 City Newton State NJ Zip Code 07860-0905 Purpose of Disbursement Candidate Name Mr. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335983 Date of Disbursement 09 / 28 / 2010
Amount of Each Disbursement this Period 2500.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

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<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)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)

Ted Deutch For Congress Committee

Mailing Address 20423 Sr 7 Suite F6-383

City State Zip Code
Boca Raton FL 33498

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Theodore Deutch

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 19

Transaction ID: 32336385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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