

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 American Insurance Association Political Action Committee

ADDRESS (number and street) 2101 L Street, NW Suite 400 Washington DC 20037 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00103143 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 14 2010 through 11 22 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 Mrs. Leigh Ann Pusey

Signature of Treasurer Electronically Filed by Mrs. Leigh Ann Pusey Date 12 01 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty boxes. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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		5934.06
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	688.59									
(c) Total Receipts (from Line 19)	2099.44	82853.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2788.03	88788.03								
7. Total Disbursements (from Line 31)	1013.00	87013.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1775.03	1775.03								
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

American Insurance Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	2065.14	41083.28
(ii) Unitemized	33.75	4249.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2098.89	45332.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2098.89	80332.87
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.55	21.10
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))	2099.44	82853.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2099.44	82853.97

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.....	13.00	13.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13.00	13.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	87000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1013.00	87013.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1013.00	87013.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2098.89	80332.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2098.89	80332.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13.00	13.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13.00	13.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Fred Bosse		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	2		2	0	1	0													
Mailing Address 28224 Equestrian		Transaction ID: 20101020--3																				
City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>39.40</td></tr></table>		39.40																			
39.40																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"><tr><td>C</td></tr></table>	C																					
C																						
Name of Employer American Insurance Association	Occupation Vice President, Southwest Region																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>945.60</td></tr></table>	945.60																				
945.60																						

B.

Full Name (Last, First, Middle Initial) Fred Bosse		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	5		2	0	1	0													
Mailing Address 28224 Equestrian		Transaction ID: 20101103--2																				
City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>39.40</td></tr></table>		39.40																			
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FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"><tr><td>C</td></tr></table>	C																					
C																						
Name of Employer American Insurance Association	Occupation Vice President, Southwest Region																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>945.60</td></tr></table>	945.60																				
945.60																						

C.

Full Name (Last, First, Middle Initial) Fred Bosse		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	9		2	0	1	0													
Mailing Address 28224 Equestrian		Transaction ID: 20101115--2																				
City State Zip Code Fair Oaks Ranch TX 78015-4655	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>39.40</td></tr></table>		39.40																			
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Name of Employer American Insurance Association	Occupation Vice President, Southwest Region																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>945.60</td></tr></table>	945.60																				
945.60																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>118.20</td></tr></table>	118.20
118.20		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22
(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)
American Insurance Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Gary Henning</p> <p>Mailing Address 14 Cambridge Rd</p> <hr/> <p>City Albany State NY Zip Code 12203-3002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Insurance Association Occupation Assistant Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 630.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2010</p> <p>Transaction ID: 20101020--6</p> <p>Amount of Each Receipt this Period 30.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Gary Henning</p> <p>Mailing Address 14 Cambridge Rd</p> <hr/> <p>City Albany State NY Zip Code 12203-3002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Insurance Association Occupation Assistant Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 630.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 05 / 2010</p> <p>Transaction ID: 20101103--5</p> <p>Amount of Each Receipt this Period 30.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Gary Henning</p> <p>Mailing Address 14 Cambridge Rd</p> <hr/> <p>City Albany State NY Zip Code 12203-3002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Insurance Association Occupation Assistant Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 630.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2010</p> <p>Transaction ID: 20101115--5</p> <p>Amount of Each Receipt this Period 30.00</p>
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SUBTOTAL of Receipts This Page (optional)	90.00
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 / 22
(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)
American Insurance Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Martin McGuinness</p> <p>Mailing Address 2101 L St NW Ste 400</p> <p>City State Zip Code Washington DC 20037-1542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Insurance Association Occupation Vice President, Federal Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0</p> <p>Transaction ID: 20101020--8</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Martin McGuinness</p> <p>Mailing Address 2101 L St NW Ste 400</p> <p>City State Zip Code Washington DC 20037-1542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Insurance Association Occupation Vice President, Federal Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0</p> <p>Transaction ID: 20101103--6</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Martin McGuinness</p> <p>Mailing Address 2101 L St NW Ste 400</p> <p>City State Zip Code Washington DC 20037-1542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Insurance Association Occupation Vice President, Federal Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0</p> <p>Transaction ID: 20101115--6</p> <p>Amount of Each Receipt this Period 100.00</p>
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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: (check only one)	PAGE 10 / 22
	<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)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John Murphy

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer American Insurance Association Occupation Vice President - NE Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 22 / 2010

Transaction ID: 20101020--10

Amount of Each Receipt this Period 12.50

B.

Full Name (Last, First, Middle Initial)
John Murphy

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer American Insurance Association Occupation Vice President - NE Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 05 / 2010

Transaction ID: 20101103--8

Amount of Each Receipt this Period 12.50

C.

Full Name (Last, First, Middle Initial)
John Murphy

Mailing Address 175 Berkeley St

City Boston State MA Zip Code 02116-5066

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

Name of Employer American Insurance Association Occupation Vice President - NE Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 19 / 2010

Transaction ID: 20101115--8

Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional) ► 37.50

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: PAGE 11 / 22
(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)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Leigh Ann Pusey

Mailing Address 1119 Alexandria Ave

City State Zip Code
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association
Occupation Senior Vice President - Federal Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 20101020--13

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
Leigh Ann Pusey

Mailing Address 1119 Alexandria Ave

City State Zip Code
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association
Occupation Senior Vice President - Federal Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 20101103--10

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
Leigh Ann Pusey

Mailing Address 1119 Alexandria Ave

City State Zip Code
Alexandria VA 22308-1015

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

Name of Employer American Insurance Association
Occupation Senior Vice President - Federal Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 20101115--10

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ▶ **576.90**

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 12 / 22
(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)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Blain Rethmeier

Mailing Address 2992 S Columbus St

City State Zip Code
Arlington VA 22206-1404

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

Name of Employer American Insurance Association
Occupation Sr. VP - Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2214.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 20101020--14

Amount of Each Receipt this Period
92.25

B.

Full Name (Last, First, Middle Initial)
Blain Rethmeier

Mailing Address 2992 S Columbus St

City State Zip Code
Arlington VA 22206-1404

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

Name of Employer American Insurance Association
Occupation Sr. VP - Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2214.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 20101103--11

Amount of Each Receipt this Period
92.25

C.

Full Name (Last, First, Middle Initial)
Blain Rethmeier

Mailing Address 2992 S Columbus St

City State Zip Code
Arlington VA 22206-1404

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

Name of Employer American Insurance Association
Occupation Sr. VP - Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2214.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 20101115--11

Amount of Each Receipt this Period
92.25

SUBTOTAL of Receipts This Page (optional) ► **276.75**

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 13 / 22

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Willem Rijkssen

Mailing Address 2101 L St NW

City State Zip Code
Washington DC 20037-1526

FEC ID number of contributing federal political committee. C

Name of Employer American Insurance Association
Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt M M / D D / Y Y Y Y
10 / 22 / 2010

Transaction ID: 20101020--15

Amount of Each Receipt this Period 28.00

B.

Full Name (Last, First, Middle Initial)
Willem Rijkssen

Mailing Address 2101 L St NW

City State Zip Code
Washington DC 20037-1526

FEC ID number of contributing federal political committee. C

Name of Employer American Insurance Association
Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt M M / D D / Y Y Y Y
11 / 05 / 2010

Transaction ID: 20101103--12

Amount of Each Receipt this Period 28.00

C.

Full Name (Last, First, Middle Initial)
Willem Rijkssen

Mailing Address 2101 L St NW

City State Zip Code
Washington DC 20037-1526

FEC ID number of contributing federal political committee. C

Name of Employer American Insurance Association
Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt M M / D D / Y Y Y Y
11 / 19 / 2010

Transaction ID: 20101115--12

Amount of Each Receipt this Period 28.00

SUBTOTAL of Receipts This Page (optional) 84.00

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 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Melissa W. Shelk
 Mailing Address 4845 Yorktown Blvd
 City State Zip Code
Arlington VA 22207-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Insurance Association Occupation Vice President-Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00
 Date of Receipt 10 / 22 / 2010
Transaction ID: 20101020--16
 Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Melissa W. Shelk
 Mailing Address 4845 Yorktown Blvd
 City State Zip Code
Arlington VA 22207-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Insurance Association Occupation Vice President-Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00
 Date of Receipt 11 / 05 / 2010
Transaction ID: 20101103--13
 Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
Melissa W. Shelk
 Mailing Address 4845 Yorktown Blvd
 City State Zip Code
Arlington VA 22207-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Insurance Association Occupation Vice President-Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00
 Date of Receipt 11 / 19 / 2010
Transaction ID: 20101115--13
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 225.00
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 15 / 22
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David Snyder

Mailing Address 410 Lincoln Ave

City Falls Church State VA Zip Code 22046-2618

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 20101020--17

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
David Snyder

Mailing Address 410 Lincoln Ave

City Falls Church State VA Zip Code 22046-2618

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 20101103--14

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
David Snyder

Mailing Address 410 Lincoln Ave

City Falls Church State VA Zip Code 22046-2618

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101115--14

Amount of Each Receipt this Period
25.00

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 16 / 22
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Allan J. Stein		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 5513 Roosevelt St		Transaction ID: 20101020--18
City Bethesda	State MD	Zip Code 20817-3781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
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) Allan J. Stein		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 5513 Roosevelt St		Transaction ID: 20101103--15
City Bethesda	State MD	Zip Code 20817-3781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
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) Allan J. Stein		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 5513 Roosevelt St		Transaction ID: 20101115--15
City Bethesda	State MD	Zip Code 20817-3781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Insurance Association	Occupation Assistant General Counsel	
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)	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 17 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steve Suschil

Mailing Address 3050 Bastone Ct

City State Zip Code
West Sacramento CA 95691-5186

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

Name of Employer American Insurance Association Occupation Government Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 334.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: 20101020--19

Amount of Each Receipt this Period
13.93

B. Full Name (Last, First, Middle Initial)
Steve Suschil

Mailing Address 3050 Bastone Ct

City State Zip Code
West Sacramento CA 95691-5186

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

Name of Employer American Insurance Association Occupation Government Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 334.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: 20101103--16

Amount of Each Receipt this Period
13.93

C. Full Name (Last, First, Middle Initial)
Steve Suschil

Mailing Address 3050 Bastone Ct

City State Zip Code
West Sacramento CA 95691-5186

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

Name of Employer American Insurance Association Occupation Government Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 334.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101115--16

Amount of Each Receipt this Period
13.93

SUBTOTAL of Receipts This Page (optional) ► **41.79**

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 / 22
(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)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) David L. Unnewehr		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 12421 Madeley Ln		Transaction ID: 20101020--20
City Bowie	State MD	Zip Code 20715-2904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Insurance Association	Occupation Senior Research Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) David L. Unnewehr		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 12421 Madeley Ln		Transaction ID: 20101103--17
City Bowie	State MD	Zip Code 20715-2904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Insurance Association	Occupation Senior Research Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) David L. Unnewehr		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 12421 Madeley Ln		Transaction ID: 20101115--17
City Bowie	State MD	Zip Code 20715-2904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Insurance Association	Occupation Senior Research Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
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 19 / 22
(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)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Jim Whittle

Mailing Address 5615 Durbin Rd

City State Zip Code
Bethesda MD 20814-1013

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

Name of Employer American Insurance Association
Occupation Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 20101020--22

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Jim Whittle

Mailing Address 5615 Durbin Rd

City State Zip Code
Bethesda MD 20814-1013

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

Name of Employer American Insurance Association
Occupation Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 20101103--18

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Jim Whittle

Mailing Address 5615 Durbin Rd

City State Zip Code
Bethesda MD 20814-1013

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

Name of Employer American Insurance Association
Occupation Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 20101115--18

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 20 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Pamela A. Young

Mailing Address 14544 Cutstone Way

City State Zip Code
Silver Spring MD 20905-7430

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 20101020--24

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Pamela A. Young

Mailing Address 14544 Cutstone Way

City State Zip Code
Silver Spring MD 20905-7430

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 20101103--20

Amount of Each Receipt this Period
10.00

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

Mailing Address 14544 Cutstone Way

City State Zip Code
Silver Spring MD 20905-7430

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

Name of Employer American Insurance Association Occupation Assistant General Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101115--20

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 21 / 22

(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)
American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association
Occupation Sr. Counsel

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 20101020--25

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association
Occupation Sr. Counsel

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 20101103--21

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
J. Stephen Zielezienski

Mailing Address 10514 James Wren Way

City State Zip Code
Fairfax VA 22030-8119

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

Name of Employer American Insurance Association
Occupation Sr. Counsel

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101115--21

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

2065.14

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<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

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

NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

South Dakota First

Mailing Address PO Box 155

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2010 Contribution

Candidate Name
South Dakota First

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

Transaction ID: CFCF2B9DCF9A7747694

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00