

**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
 Alliance of American Insurers Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 3025 Highland Parkway
 Suite 800
 Downers Grove IL 80515

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00131045 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) Election on 11 05 2002 in the State of IL
 (d) 30-Day Post -Election Report for the: X General (30G) Runoff (30R) Special (30S)

5. Covering Period 10 17 2002 through 11 25 2002

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 Gregory Heidrich
 Signature of Treasurer Electronically Filed by Gregory Heidrich Date 12 04 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Alliance of American Insurers Political Action Committee

Report Covering the Period: From: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W ^Y 2002		41416.17
(b) Cash on Hand at Beginning of Reporting Period	27863.25	
(c) Total Receipts (from Line 19)	2704.84	36355.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30568.09	77771.99
7. Total Disbursements (from Line 30)	17500.00	64703.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13068.09	13068.09
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Alliance of American Insurers Political Action Committee

Report Covering the Period: From: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

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)	2050.84	
(ii) Unitemized	654.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	2704.84	22355.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	14000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	2704.84	36355.82
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2704.84	36355.82
20. Total Federal Receipts (subtract Line 18 from Line 19)	2704.84	36355.82

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	50.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	64653.90
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	17500.00	64703.90
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17500.00	64703.90
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	2704.84	36355.82
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	2704.84	36355.82
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
Alliance of American Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Reynold Becker

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Mailing Address
3D25 Highland Parkway Suit 800
City State Zip Code
Downers Grove IL 60515

Amount of Each Receipt this Period
10.42

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers Vice President-Property/Casualty

Payroll Deduction \$10.42
Bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 208.40

Transaction ID: SA11A1.5032

B. Full Name (Last, First, Middle Initial)
Reynold Becker

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Mailing Address
3D25 Highland Parkway Suit 800
City State Zip Code
Downers Grove IL 60515

Amount of Each Receipt this Period
10.42

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers Vice President-Property/Casualty

Payroll Deduction \$10.42
Bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 218.82

Transaction ID: SA11A1.5031

C. Full Name (Last, First, Middle Initial)
Mr. Klaus G. Dorf

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2002

Mailing Address
67-4 Ballantine Rd.
City State Zip Code
Bernardsville NJ 07924-1811

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Atlantic Mutual Ins. Co. Insurance Executive

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5078

SUBTOTAL of Receipts This Page (optional) ▶ **1020.84**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
David Farmer

Mailing Address
1211 Connecticut Ave NW Suite 400
City State Zip Code
Washington DC 20036

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction
Alliance of American Insurers Sr Vice President Federal Affairs \$50.00
Bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5033

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

Mailing Address
1211 Connecticut Ave NW Suite 400
City State Zip Code
Washington DC 20036

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction
Alliance of American Insurers Sr Vice President Federal Affairs \$50.00
Bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1050.00

Transaction ID: SA11A1.5034

C. Full Name (Last, First, Middle Initial)
Kirk Hansen

Mailing Address
3025 Highland Parkway Suite 800
City State Zip Code
Downers Grove IL 60515

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction
Alliance of American Insurers Dir Claims-Regulation,Tax, Law, Claims \$10.00
Bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00

Transaction ID: SA11A1.5036

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kirk M. Hayes

Mailing Address
408 Brookridge P O Box 462

City State Zip Code
Algona IA 50511

Date of Receipt
N M / D E / Y Y Y Y
10 / 24 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Contribution
Pharmacists Mutual Insurance Co. Insurance Executive

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.5081

B. Full Name (Last, First, Middle Initial)
Gregory Heinrich

Mailing Address
3025 Highland Parkway Suite 800

City State Zip Code
Downers Grove IL 60515

Date of Receipt
N M / D E / Y Y Y Y
10 / 31 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction \$25.00
Alliance of American Insurers Sr Vice President, Secretary and Treas bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5037

C. Full Name (Last, First, Middle Initial)
Gregory Heinrich

Mailing Address
3025 Highland Parkway Suite 800

City State Zip Code
Downers Grove IL 60515

Date of Receipt
N M / D E / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction \$25.00
Alliance of American Insurers Sr Vice President, Secretary and Treas bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: SA11A1.5038

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)
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial)
A. Robert Herlong Date of Receipt
Mailing Address
6636 Church Street Suite 300
City State Zip Code
Douglasville GA 30134
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Occupation Payroll Deduction \$25.00
Alliance of American Insurers Asst Vice President Regional Mgr SE/S bi-monthly
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00
Transaction ID: SA11A1.5039

Full Name (Last, First, Middle Initial)
B. Robert Herlong Date of Receipt
Mailing Address
6636 Church Street Suite 300
City State Zip Code
Douglasville GA 30134
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Occupation Payroll Deduction \$25.00
Alliance of American Insurers Asst Vice President Regional Mgr SE/S bi-monthly
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00
Transaction ID: SA11A1.5040

Full Name (Last, First, Middle Initial)
C. Larry Kibbee Date of Receipt
Mailing Address
P O Box 2090
City State Zip Code
La Conner WA 98257-9898
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Occupation Payroll Deduction \$25.00
Alliance of American Insurers Regional Manager-Northwest bi-monthly
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00
Transaction ID: SA11A1.5043

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)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Larry Kibbee

Mailing Address
P O Box 2030

City State Zip Code
La Conner WA 98257-9998

Date of Receipt
N M / D E / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers Regional Manager-Northwest

Payroll Deduction \$25.00
bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: SA11A1.5044

B. Full Name (Last, First, Middle Initial)
Rodger Lawson

Mailing Address
3025 Highland Parkway Suite 800

City State Zip Code
Downers Grove IL 60515

Date of Receipt
N M / D E / Y Y Y Y
10 / 31 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers President

Payroll Deduction \$50.00
bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5045

C. Full Name (Last, First, Middle Initial)
Rodger Lawson

Mailing Address
3025 Highland Parkway Suite 800

City State Zip Code
Downers Grove IL 60515

Date of Receipt
N M / D E / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers President

Payroll Deduction \$50.00
bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1050.00

Transaction ID: SA11A1.5046

SUBTOTAL of Receipts This Page (optional) ▶ **125.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

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

Mailing Address
3D25 Highland Parkway Suite 800
City State Zip Code
Downers Grove IL 60515

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers Sr Vice President

Payroll Deduction \$25.00
bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5047

B. Full Name (Last, First, Middle Initial)
John Lobert

Mailing Address
3D25 Highland Parkway Suite 800
City State Zip Code
Downers Grove IL 60515

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers Sr Vice President

Payroll Deduction \$25.00
bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: SA11A1.5048

C. Full Name (Last, First, Middle Initial)
Paul E. McGeehan

Mailing Address
20 Whittier Dr.
City State Zip Code
Morganville NJ 07751-1529

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Jersey Manufacturers Insurance Co Insurance Executive

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.5061

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

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

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

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

A. Rita Nowak

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
3025 Highland Parkway Suite 800 10 31 2002
City State Zip Code
Downers Grove IL 60515
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 12.50
Name of Employer Occupation Payroll Deduction \$12.50
Alliance of American Insurers Asst Vice President-Property/Casualty bi-monthly
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00
Transaction ID: SA11A1.5051

B. Rita Nowak

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
3025 Highland Parkway Suite 800 11 15 2002
City State Zip Code
Downers Grove IL 60515
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 12.50
Name of Employer Occupation Payroll Deduction \$12.50
Alliance of American Insurers Asst Vice President-Property/Casualty bi-monthly
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 262.50
Transaction ID: SA11A1.5052

C. Thomas O'Dowd

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
3025 Highland Parkway 11 15 2002
City State Zip Code
Downers Grove IL 60515
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 10.00
Name of Employer Occupation Payroll Deduction \$10.00
Alliance of American Insurers Dir of Meeting and Conventions bi-monthly
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00
Transaction ID: SA11A1.5054

SUBTOTAL of Receipts This Page (optional) ▶ **35.00**

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

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

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kenneth Schoman

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Mailing Address
1211 Connecticut Avenue NW Suite 400
City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period
17.50

FEC ID number of contributing federal political committee.

Name of Employer Alliance of American Insurers Occupation Counsel
Payroll Deduction \$17.50 bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.5055

B. Full Name (Last, First, Middle Initial)
Kenneth Schoman

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Mailing Address
1211 Connecticut Avenue NW Suite 400
City State Zip Code
Washington DC 20036

Amount of Each Receipt this Period
17.50

FEC ID number of contributing federal political committee.

Name of Employer Alliance of American Insurers Occupation Counsel
Payroll Deduction \$17.50 bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 367.50

Transaction ID: SA11A1.5056

C. Full Name (Last, First, Middle Initial)
Ann Spreng

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Mailing Address
3025 Highland Parkway Suite 800
City State Zip Code
Downers Grove IL 60515

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Alliance of American Insurers Occupation Sr Vice President and Gen'l Counsel
Payroll Deduction \$25.00 bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5059

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 23
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Mailing Address
3D25 Highland Parkway Suite 800
City State Zip Code
Downers Grove IL 60515

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alliance of American Insurers Sr Vice President and Gen'l Counsel
Payroll Deduction \$25.00 bi-monthly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: SA11A1.5060

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	2050.84

**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				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Aaron Bean for State House		Date of Disbursement 10 / 22 / 2002
Mailing Address 305 Bonnieview Road City: Fernandian Beach State: FL Zip Code: 32034		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Transaction ID: SB23.5106
Candidate Name Aaron Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: FL District: 12	Category/ Type	

Full Name (Last, First, Middle Initial) B. BACHUS FOR CONGRESS COMMITTEE		Date of Disbursement 10 / 29 / 2002
Mailing Address P.O. Box 59444 City: Birmingham State: AL Zip Code: 35259		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Transaction ID: SB23.5157
Candidate Name SPENCER T III BACHUS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: AL District: 06	Category/ Type	

Full Name (Last, First, Middle Initial) C. Candace Miller for Congress		Date of Disbursement 10 / 22 / 2002
Mailing Address P O Box 310 City: Mt. Clemens State: MI Zip Code: 48043-0310		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Transaction ID: SB23.5097
Candidate Name MILLER, CANDICE S		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: MI District: 10	Category/ Type	

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)
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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				

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NAME OF COMMITTEE (In Full)

Alliance of American Insurers Political Action Committee

<p>A. CHAMBLISS FOR SENATE</p> <p>Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE</p> <p>Mailing Address PO BOX 12469 City ATLANTA State GA Zip Code 30305</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name SAXBY CHAMBLISS</p> <p>Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: GA District: 06</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 10 / 23 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.5147</p>
<p>B. Committee to Reelect Representative Jack Cairnes</p> <p>Full Name (Last, First, Middle Initial) Committee to Reelect Representative Jack Cairnes</p> <p>Mailing Address P O Box 857 City Auburn State WA Zip Code 98701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jack Cairnes</p> <p>Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: WA District: 47</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 10 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Transaction ID: SB23.5163</p>
<p>C. Committee to Reelect Representative Brad Benson</p> <p>Full Name (Last, First, Middle Initial) Committee to Reelect Representative Brad Benson</p> <p>Mailing Address 8D28 North Pamela City Spokane State WA Zip Code 99308</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Brad Benson</p> <p>Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: WA District: 08</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 10 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Transaction ID: SB23.5160</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

**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				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Committee to Reelect Senator Bob Oke		Date of Disbursement 10 / 31 / 2002
Mailing Address 1367 Bulman Road SE City: Port Orchard State: WA Zip Code: 98366-3817		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Bob Oke		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.516B
State: WA District: 26		

Full Name (Last, First, Middle Initial) B. Committee to Reelect Senator James West		Date of Disbursement 10 / 31 / 2002
Mailing Address P O Box 2744 City: Spokane State: WA Zip Code: 99220		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution		Category/ Type
Candidate Name James West		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5175
State: WA District: 06		

Full Name (Last, First, Middle Initial) C. Committee to Reelect Senator Steve Johnson		Date of Disbursement 10 / 31 / 2002
Mailing Address 13565 SE 249th Place City: Kent State: WA Zip Code: 98402		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Steve Johnson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5172
State: WA District: 47		

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
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				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. David Aronberg for State Senate			Date of Disbursement 10 / 22 / 2002	
Mailing Address P O Box 3731 City West Palm Beach State FL Zip Code 33402			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name David Aronberg				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5143	
State: FL District:				

Full Name (Last, First, Middle Initial) B. David Simmons for State House			Date of Disbursement 10 / 22 / 2002	
Mailing Address 100 Squire Hill Road City Longwood State FL Zip Code 32779			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name David Simmons				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5134	
State: FL District: 37				

Full Name (Last, First, Middle Initial) C. Dennis Ross for State Representative			Date of Disbursement 10 / 22 / 2002	
Mailing Address P O Box 2472 City Lakeland State FL Zip Code 33808			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name Dennis Ross				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5131	
State: FL District: 83				

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)
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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				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Don Brown for State Representative		Date of Disbursement 10 / 22 / 2002
Mailing Address P O Box 866 City State Zip Code Defuniak Springs FL 32435		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Transaction ID: SB23.5110
Candidate Name Don Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: FL District: 5	Category/ Type	

Full Name (Last, First, Middle Initial) B. Donna Clarke for State Representative		Date of Disbursement 10 / 22 / 2002
Mailing Address P O Box 15293 City State Zip Code Sarasota FL 34277		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Transaction ID: SB23.5113
Candidate Name Donna Clarke		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: FL District: 69	Category/ Type	

Full Name (Last, First, Middle Initial) C. Doug Wiles for State Representative		Date of Disbursement 10 / 22 / 2002
Mailing Address 406 Night Hawk Lane City State Zip Code St. Augustine FL 32080		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Transaction ID: SB23.5140
Candidate Name Doug Wiles		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: FL District: 20	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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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				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Frank Faskas for State Representative		Date of Disbursement 10 / 22 / 2002	
Mailing Address 284 Belleair Drive, NE City: St. Petersburg State: FL Zip Code: 33704		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Frank Faskas			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 52	Transaction ID: SB23.5116		

Full Name (Last, First, Middle Initial) B. FRIENDS OF CHRIS DODD 2004		Date of Disbursement 11 / 18 / 2002	
Mailing Address 236 MASSACHUSETTS AVENUE NE SUITE 208 City: WASHINGTON State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name CHRISTOPHER J DODD			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CT District: 00	Transaction ID: SB23.5181		

Full Name (Last, First, Middle Initial) C. GANSKE FOR SENATE		Date of Disbursement 10 / 23 / 2002	
Mailing Address 128 NORTH COLUMBUS STREET City: ALEXANDRIA State: VA Zip Code: 22314		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name GREG GANSKE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IA District: 00	Transaction ID: SB23.5146		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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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
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Jose Fernandez for State House of Representatives		Date of Disbursement 10 th / 22 nd / 2002
Mailing Address P O Box 1768 City: Orlando State: FL Zip Code: 32802		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Category/ Type	Transaction ID: SB23.511B
Candidate Name Jose Fernandez		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District: 00		

Full Name (Last, First, Middle Initial) B. Leslie Waters for State Representative		Date of Disbursement 10 th / 22 nd / 2002
Mailing Address 6580 64th Avenue N City: Pinellas Park State: FL Zip Code: 33781		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution	Category/ Type	Transaction ID: SB23.5137
Candidate Name Leslie Waters		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District: 51		

Full Name (Last, First, Middle Initial) C. MCCOTTER CONGRESSIONAL COMMITTEE		Date of Disbursement 10 th / 22 nd / 2002
Mailing Address 39202 LYNDON City: LIVONIA State: MI Zip Code: 48154		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Category/ Type	Transaction ID: SB23.5100
Candidate Name THADDEUS G MCCOTTER		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 11		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

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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
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. Mike Hogan for State House		Date of Disbursement 10 / 22 / 2002	
Mailing Address 4705 Wadham Lane City Jacksonville State FL Zip Code 32210		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Mike Hogan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5122
State: FL District: 13			

Full Name (Last, First, Middle Initial) B. Perry McGriff for State Representative		Date of Disbursement 10 / 22 / 2002	
Mailing Address 1120 N.W. 13th Street City Gainesville State FL Zip Code 32601		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Perry McGriff			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5125
State: FL District: 22			

Full Name (Last, First, Middle Initial) C. Representative Mike Carrell		Date of Disbursement 10 / 31 / 2002	
Mailing Address 1D210 Lake Louise Drive City Lakewood State WA Zip Code 98498		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Mike Carrell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5166
State: WA District: 28			

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
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
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. ROGERS FOR CONGRESS		Date of Disbursement 10 / 22 / 2002
Mailing Address Post Office Box 581 City Brighton State MI Zip Code 48116		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name MICHAEL J ROGERS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.5103		

Full Name (Last, First, Middle Initial) B. Sheri McInvale for State Representative		Date of Disbursement 10 / 22 / 2002
Mailing Address P O Box 540057 City Orlando State FL Zip Code 32854		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution Candidate Name Sheri McInvale		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.5128		

Full Name (Last, First, Middle Initial) C. Suzanne Terrell for Senate Campaign		Date of Disbursement 11 / 18 / 2002
Mailing Address 6554 Florida Blvd, Room 242 City BATON ROUGE State LA Zip Code 70806		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name SUZANNE HAIK TERRELL		Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.5178		

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)
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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				

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NAME OF COMMITTEE (In Full)
Alliance of American Insurers Political Action Committee

Full Name (Last, First, Middle Initial) A. TALENT FOR SENATE COMMITTEE			Date of Disbursement 10 / 23 / 2002	
Mailing Address 507 Capitol Court, NE, Suite 100 City: Washington State: DC Zip Code: 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name JAMES MATTHES TALENT				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5150	
State: MO District: 00				

Full Name (Last, First, Middle Initial) B. THOMPSON FOR CONGRESS INC			Date of Disbursement 10 / 23 / 2002	
Mailing Address P O Box 83932 City: DES MOINES State: IA Zip Code: 50393			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name STANLEY J THOMPSON				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5153	
State: IA District: 03				

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	17500.00