

**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  
 NAII Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C00066472  
 CITY STATE ZIP CODE  
 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) (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S)  
 Election on in the State of  
 General (30G) Runoff (30R) Special (30S)

5. Covering Period 04 01 2003 through 04 30 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer June Holmes  
 Signature of Treasurer Electronically Filed by June Holmes Date 05 19 2003

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  
NAII Political Action Committee

Report Covering the Period: From: <sup>h</sup>04 <sup>d</sup>01 <sup>y</sup>2003 To: <sup>h</sup>04 <sup>d</sup>30 <sup>y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2003		33910.14
(b) Cash on Hand at Beginning of Reporting Period .....	40646.95	
(c) Total Receipts (from Line 19) .....	31338.66	50805.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	71985.61	84715.61
7. Total Disbursements (from Line 30) .....	3000.00	15730.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68985.61	68985.61
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

NAIL Political Action Committee

Report Covering the Period: From: <sup>W</sup>04 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>W</sup>04 <sup>D</sup>30 <sup>Y</sup>2003

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) .....	11965.83	
(ii) Unitemized .....	7372.83	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19338.66	38805.47
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	12000.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	31338.66	50805.47
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) .....	31338.66	50805.47
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	31338.66	50805.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	16000.00
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	-270.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	3000.00	15730.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	3000.00	15730.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	31338.66	50805.47
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	31338.66	50805.47
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 / 20	
	<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)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Herbert Wynne Jacobs**

Mailing Address  
P.O. Box 95D05  
City Baton Rouge State LA Zip Code 70895-0005

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 3

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Louisiana Farm Bureau Ins. Co. Occupation Executive Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: 22

Full Name (Last, First, Middle Initial)  
**B. June Holmes**

Mailing Address  
2600 River Road  
City Des Plaines State IL Zip Code 60018-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 3

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer National Association of Independent In Occupation Senior Vice President

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

Transaction ID: 23

Full Name (Last, First, Middle Initial)  
**C. Joanne Orfanos**

Mailing Address  
2600 River Road  
City Des Plaines State IL Zip Code 60018-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 3

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer National Association of Independent In Occupation Senior Vice President Public Affairs

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

Transaction ID: 24

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **360.00**

**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 6 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Jack Ramirez**

Mailing Address  
2600 River Road

City State Zip Code  
Des Plaines IL 60018-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 3

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Independent In President and CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: 25

Full Name (Last, First, Middle Initial)  
**B. Joseph Desmond**

Mailing Address  
4 Bouton St

City State Zip Code  
Concord NH 03301-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Concord General Mutual Insurance Compa Chairman President and Chief Executive

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

Transaction ID: 26

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

Mailing Address  
P.O. Box 808

City State Zip Code  
McMinville OR 97126-0808

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Oregon Mutual Insurance Company Vice President Marketing

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 27

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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: PAGE 7 / 20

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Edward Yorty**

Mailing Address  
P.O. Box 80B  
City State Zip Code  
McMinville OR 97128-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Oregon Mutual Ins. Co. Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: 28

Full Name (Last, First, Middle Initial)  
**B. Lisa Hergis**

Mailing Address  
P.O. Box 80B  
City State Zip Code  
McMinville OR 97128-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Oregon Mutual Ins. Co. Vice President Personal

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 29

Full Name (Last, First, Middle Initial)  
**C. Michael Keyes**

Mailing Address  
P.O. Box 80B  
City State Zip Code  
McMinville OR 97128-0808

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Oregon Mutual Insurance Company President and Chief Executive Officer

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

Transaction ID: 30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> 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 8 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

**A. Jaxon White** Date of Receipt  
 Mailing Address: 14280 Park Meadow Dr. Suite 300  
 City: Chantilly State: VA Zip Code: 20151-  
 Amount of Each Receipt this Period: 800.00  
 FEC ID number of contributing federal political committee: \_\_\_\_\_  
 Name of Employer: MEDMARC Insurance Company Incorporated Occupation: President and Chief Executive Officer  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00  
 Transaction ID: 31

**B. Kevin Quinley** Date of Receipt  
 Mailing Address: 14280 Park Meadow Drive Suite 300  
 City: Chantilly State: VA Zip Code: 20151-  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: \_\_\_\_\_  
 Name of Employer: Medmarc Insurance Company Occupation: Senior V P Risk Services  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
 Transaction ID: 32

**C. Thomas Koropka** Date of Receipt  
 Mailing Address: 14280 Park Meadow Drive Suite 300  
 City: Chantilly State: VA Zip Code: 20151-  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: \_\_\_\_\_  
 Name of Employer: MEDMARC Insurance Company Occupation: Sr. Vice President  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
 Transaction ID: 33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**  
**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: PAGE 9 / 20

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Peterson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 7 / 2 0 0 3

14280 Park Meadow Drive Suite 300

City State Zip Code

Chantilly VA

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Medmarc Insurance Group CFO

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 34

Full Name (Last, First, Middle Initial)

B. Norman Ernst

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 8 / 2 0 0 3

180 Oak St.

City State Zip Code

Buffalo NY 14203-1610

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1500.00

Name of Employer Occupation  
NOVA Casualty Company Chairman and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1500.00

Transaction ID: 37

Full Name (Last, First, Middle Initial)

C. David Johnson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 1 6 / 2 0 0 3

P.O. Box 808

City State Zip Code

McMinville OR 97126-0808

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Oregon Mutual Insurance Company V P Claims

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 39

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2050.00**

**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 10 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard Prauser

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2003

Mailing Address  
P.O. Box 80B

City State Zip Code  
McMinville OR 97128-

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Oregon Mutual Insurance Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 40

**B.** Full Name (Last, First, Middle Initial)  
Tony Nicely

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2003

Mailing Address  
One BEICO Plaza

City State Zip Code  
Washington DC 20076-0001

Amount of Each Receipt this Period  
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Government Employees Insurance Company Chairman President and Chief Executive

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: 41

**C.** Full Name (Last, First, Middle Initial)  
June Holmes

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2003

Mailing Address  
2600 River Road

City State Zip Code  
Des Plaines IL 60016-

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Independent In Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00

Transaction ID: 42

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1080.00**

**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 11 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Joanne Orfanos**

Mailing Address  
2600 River Road

City State Zip Code  
Des Plaines IL 60018-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 3

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Independent In Senior Vice President Public Affairs

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00

Transaction ID: 43

Full Name (Last, First, Middle Initial)  
**B. Jack Ramirez**

Mailing Address  
2600 River Road

City State Zip Code  
Des Plaines IL 60018-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 3

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Association of Independent In President and CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: 44

Full Name (Last, First, Middle Initial)  
**C. Catherine Willis**

Mailing Address  
444 North Capitol St. NW Suite 801

City State Zip Code  
Washington DC 20001-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 3

Amount of Each Receipt this Period  
20.83

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NAII Director of Government Relations

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 187.47

Transaction ID: 45

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **100.83**

**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 12 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Jerry Zimmerman**

Mailing Address  
2600 River Road  
City State Zip Code  
Des Plaines IL 60018-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 3

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer  
National Association of Independent In Occupation  
Counsel

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 225.00

Transaction ID: 46

Full Name (Last, First, Middle Initial)  
**B. Harvey Pierce**

Mailing Address  
6000 American Parkway  
City State Zip Code  
Madison WI 53783-0001

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 3

Amount of Each Receipt this Period  
1200.00

FEC ID number of contributing federal political committee.

Name of Employer  
American Family Mutual Insurance Compa Occupation  
Chairman and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1200.00

Transaction ID: 48

Full Name (Last, First, Middle Initial)  
**C. Charles Jones**

Mailing Address  
1701 Towanda Avenue  
City State Zip Code  
Bloomington IL 61701-

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 3

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
COUNTRY Insurance and Financial Servic Occupation  
Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 49

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1525.00**

**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 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William Oddy

Mailing Address  
5400 University Ave.

City West Des Moines State IA Zip Code 50266-5997

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2003

Amount of Each Receipt this Period  
1200.00

FEC ID number of contributing federal political committee.

Name of Employer FBL Financial Group Inc. Occupation Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1200.00

Transaction ID: 50

**B.** Full Name (Last, First, Middle Initial)  
Jo Ann Rumlhart

Mailing Address  
5400 University Avenue

City West Des Moines State IA Zip Code 50266-5997

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2003

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer FBL Financial Group Inc. Occupation Executive Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 51

**C.** Full Name (Last, First, Middle Initial)  
Thomas May

Mailing Address  
5400 University Avenue

City West Des Moines State IA Zip Code 50266-5997

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2003

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer FBL Financial Group Inc. Occupation Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 52

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1800.00**

**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 14 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. James Noyce**

Mailing Address  
5400 University Avenue

City State Zip Code  
West Des Moines IA 50266-5997

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2003

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FBL Financial Group Inc.

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: 53

Full Name (Last, First, Middle Initial)  
**B. James Brannen**

Mailing Address  
5400 University Avenue

City State Zip Code  
West Des Moines IA 50266-5997

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2003

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FBL Financial Group Inc. Vice President/Controller

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: 54

Full Name (Last, First, Middle Initial)  
**C. Douglas Gunn**

Mailing Address  
5400 University Avenue

City State Zip Code  
West Des Moines IA 50266-5997

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2003

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FBL Financial Group Inc. V.P. Information Technologies

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: 55

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 15 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard Bill

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2003

Mailing Address  
1701 Towanda Avenue

City State Zip Code  
Bloomington IL 61701-

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
COUNTRY Mutual Ins. Co. Actuary

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 56

**B.** Full Name (Last, First, Middle Initial)  
Stephen Gilbert

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2003

Mailing Address  
85 Route 17 South

City State Zip Code  
Paramus NJ 07653-0931

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Preserver Group President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1200.00

Transaction ID: 57

**C.** Full Name (Last, First, Middle Initial)  
Gladys Keith

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2003

Mailing Address  
6901 James A. Reed Rd.

City State Zip Code  
Kansas City MO 64133-4778

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Family Insurance Group Midland Central Sales Director

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

Transaction ID: 58

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 20	
	<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)  
NAII Political Action Committee

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

Mailing Address  
5400 University Avenue

City State Zip Code  
West Des Moines IA 50266-5497

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2008

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FBL Financial Group Inc. Chief Marketing Officer

Amount of Each Receipt this Period  
250.00

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

Transaction ID: 59

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>11965.83</b>



**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 17 / 20	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Farmers PAC**

Mailing Address  
2323 Grand Avenue

City State Zip Code  
Des Moines IA 50312-

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2003

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Farmers Mutual Hail

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: 35

Full Name (Last, First, Middle Initial)  
**B. Geico Pac**

Mailing Address  
One Geico Plaza

City State Zip Code  
Washington DC 20076-

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2003

Amount of Each Receipt this Period  
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Government Employees Ins. Co.

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2500.00

Transaction ID: 36

Full Name (Last, First, Middle Initial)  
**C. Erie PAC**

Mailing Address  
P O Box 1699

City State Zip Code  
Erie PA 16530-

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2003

Amount of Each Receipt this Period  
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Erie Insurance PAC-Federal

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2500.00

Transaction ID: 38

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7000.00**

**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 18 / 20		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
A. AMFAM PAC

Mailing Address  
6000 American Parkway

City State Zip Code  
Madison WI 53783-

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2008

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Family Mutual Ins. Co.

Amount of Each Receipt this Period  
5000.00

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 5000.00

Transaction ID: 47

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>12000.00</b>

**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 19 / 20

<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)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Citizens for Bunning</b>		Date of Disbursement 04 / 15 / 2003	
Mailing Address 1717 Dixie Highway Suite 180 City State Zip Code Ft Wright KY		Amount of Each Disbursement this Period 0.00	
Purpose of Disbursement		Transaction ID: 60	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: KY      District:			

Full Name (Last, First, Middle Initial) <b>B. Citizens for Bunning</b>		Date of Disbursement 04 / 25 / 2003	
Mailing Address 1717 Dixie Highway Suite 180 City State Zip Code Ft Wright KY		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: 61	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: KY      District:			

Full Name (Last, First, Middle Initial) <b>C. Ben Nelson for U.S. Senate</b>		Date of Disbursement 04 / 29 / 2003	
Mailing Address 428 C Street NE City State Zip Code Washington DC		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Class Action Event		Transaction ID: 62	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NE      District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> 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)

PAGE 20 / 20

<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)  
NAII Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Boucher for Congress Committee

Date of Disbursement

04 / 29 / 2003

Mailing Address  
PO Box 2000  
City Abingdon  
State VA  
Zip Code

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Category/  
Type

Class Action Event

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: VA District: 8

Transaction ID: 63

B.

C.

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **3000.00**