

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="15730.04"/>	<input type="text" value="15730.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73330.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14822.95"/>	<input type="text" value="435201.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="88153.55"/>	<input type="text" value="450931.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-2417.22"/>	<input type="text" value="360361.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="90570.77"/>	<input type="text" value="90570.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10730.24	286542.19
(ii) Unitemized	1086.16	91235.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11816.40	377777.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	55266.42
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14816.40	433044.39
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	2101.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.55	56.01
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 Transfers (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))..... ▶	14822.95	435201.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14822.95	435201.81

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	82.78	2711.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	82.78	2711.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-3000.00	336000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	300.00
(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	300.00
29. Other Disbursements	500.00	21350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	-2417.22	360361.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2417.22	360361.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	14816.40	433044.39
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14816.40	432744.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	82.78	2711.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2101.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	82.78	609.67

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Cathy M. Adcock
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 07 / 2013
Transaction ID : A2469D13F3AE3474F8F2
 Amount of Each Receipt this Period 75.00

B. Mr. Todd E. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A0F00DA0B939A419C9FB
 Amount of Each Receipt this Period 30.00

C. Mr. Todd E. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 18 / 2013
Transaction ID : A7C9CB245E6EA459797E
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 135.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Thomas Alighieri
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St
City Dedham State MA Zip Code 02026-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A790E593ABD354043975
Amount of Each Receipt this Period 20.00

B. Mr. Thomas Alighieri
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St
City Dedham State MA Zip Code 02026-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 15 / 2013
Transaction ID : AF1154BA389CB4485B48
Amount of Each Receipt this Period 20.00

C. Mr. Neil Aldredge
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 04 / 2013
Transaction ID : AE328CBEFA3D9430C8E6
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 8 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Neil Alldredge
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President - State and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Date of Receipt
11 / 18 / 2013
Transaction ID : **A0FFEB37E7AD942C7AC8**

Amount of Each Receipt this Period
40.00

B. Mr. Neil Alldredge
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President - State and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
11 / 27 / 2013
Transaction ID : **A35077E86F18C48EF949**

Amount of Each Receipt this Period
40.00

C. Ms. Diane Allen
Full Name (Last, First, Middle Initial)
Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3994
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Personnel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Date of Receipt
11 / 07 / 2013
Transaction ID : **A49CAFC3307B743ABBB4**

Amount of Each Receipt this Period
60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Laura Grace Ashton
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation PAC Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.00

Date of Receipt 11 / 27 / 2013
Transaction ID : AB07082AB57FF43E9854
 Amount of Each Receipt this Period 11.50

B. Ms. Lisa M Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation AVP- Real Estate & Operational Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2013
Transaction ID : AAD0ADEEECF5B4D2CB9I
 Amount of Each Receipt this Period 30.00

C. Mr. Brent Bahler
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.32

Date of Receipt 11 / 04 / 2013
Transaction ID : AC4245AF1680846B2980
 Amount of Each Receipt this Period 51.29

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.79
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: (check only one)	PAGE 11 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Brent Bahler		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A86986A32BEC0475CB97
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President, Public Affairs	<input type="text" value="51.29"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="461.61"/>	

Full Name (Last, First, Middle Initial) B. Mr. Brent Bahler		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A57D81094CAD6489590D
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President, Public Affairs	<input type="text" value="51.29"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="512.90"/>	

Full Name (Last, First, Middle Initial) C. Mr. Michael D. Baker		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4F93299CD05A4D4E83F
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Regional Vice President	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="152.58"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Erik Barker
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.26

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2013

Transaction ID : A9EF901846E1B4A0FB7F

Amount of Each Receipt this Period
9.62

B. Mr. Erik Barker
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2013

Transaction ID : A1AA73BE40B3F4EDBBBC

Amount of Each Receipt this Period
9.62

C. Mr. Erik Barker
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2013

Transaction ID : AD6CB8F65DA4C46D0A7E

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional).....▶	28.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2013
Transaction ID : A012DED5758EE4C118BB

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Chris Belcher

Mailing Address PO Box 618

City State Zip Code
Columbia MO 65205-0618

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

Name of Employer Occupation
Columbia Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 04 / 2013
Transaction ID : A6B6F7813C9FC49E6A13

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
C. Mr. John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company President, CEO & Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 12 / 2013
Transaction ID : AE1499792EBCC4531A0C

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.89

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 14 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : A92C0DCAFCDFF423D955
 Amount of Each Receipt this Period
 115.39

B. Mr. Donald Bredberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Commercial Lines Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : AF8DC0CE8916C439DBD9
 Amount of Each Receipt this Period
 10.00

c. Mr. Donald Bredberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Commercial Lines Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : A12803009AB3848419DA
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	135.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 80
<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Ms. Heather Brown		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA2B2D144BC4644B58C0
Name of Employer	Occupation	Amount of Each Receipt this Period
Ohio Mutual Insurance Company	Personal Lines Territory Manager	<input type="text" value="5.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="265.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Heather Brown		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ACDE8E94FDA594667A25
Name of Employer	Occupation	Amount of Each Receipt this Period
Ohio Mutual Insurance Company	Personal Lines Territory Manager	<input type="text" value="5.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Tina Brumley		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A927A66ABF2E241EFA32
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Manager	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="35.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 80
<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Bob I. Buchanan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2013 Transaction ID : A54E451BA737F4052BAB
Mailing Address 6101 Anacapi Blvd		Amount of Each Receipt this Period 42.00
City Lansing	State MI	Zip Code 48917-3994
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Info. Systems &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. Mr. Stephen Buell		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2013 Transaction ID : AAB5506BE93AC41B98EA
Mailing Address PO Box 30660		Amount of Each Receipt this Period 25.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Mr. Mike Bush		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2013 Transaction ID : A8212DC23E06445D09D9
Mailing Address PO Box 860		Amount of Each Receipt this Period 625.00
City Bryant	State AR	Zip Code 72089-0860
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Union Mutual Insurance Company	Occupation Vice President/Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.00	

SUBTOTAL of Receipts This Page (optional).....▶	692.00
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 17 OF 80
<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Ms. Ginny Caro		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2013 Transaction ID : ABCF7904ED69C45FDA0D
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.66
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.52	

Full Name (Last, First, Middle Initial) B. Mr. Charles M. Chamness		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2013 Transaction ID : A30D7E34AB8434E08B96
Mailing Address PO Box 68700		Amount of Each Receipt this Period 90.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2970.00	

Full Name (Last, First, Middle Initial) C. Mr. Charles M. Chamness		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2013 Transaction ID : A9CCD66047D4849BFBF2
Mailing Address PO Box 68700		Amount of Each Receipt this Period 90.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3060.00	

SUBTOTAL of Receipts This Page (optional).....▶	221.66
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 18 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
----------------------	-------------	------------------------

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

Name of Employer National Association of Mutual Insuran	Occupation President & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : ACA41E29C5ECC494D82A

Amount of Each Receipt this Period
90.00

B. Mr. Mark Coe
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation IT Manager
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
897.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : A6914B8949E3A4BA4ADC

Amount of Each Receipt this Period
39.00

C. Mr. Mark Coe
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation IT Manager
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2013

Transaction ID : AA69F57044D1E4B2B877

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional).....	168.00
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 19 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Jim Danford AIC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Material Damage Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : A95392E29A7F342ECA94

Amount of Each Receipt this Period
10.00

B. Mr. Jim Danford AIC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Material Damage Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : A049EEDB9907F462F8D7

Amount of Each Receipt this Period
10.00

C. Mr. Paul Davis
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation Vice President - Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : A3AB6EB0656514DF89FF

Amount of Each Receipt this Period
22.00

SUBTOTAL of Receipts This Page (optional).....▶	42.00
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 20 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Anthony O. Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : AFAD766A8CEAE4382A4E
 Amount of Each Receipt this Period
 200.00

B. Mr. Dan DeArment PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 646
 City State Zip Code
 Bedford PA 15522-0646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Friends Cove Mutual Insurance Company President/CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2013
Transaction ID : AF33630DEB3DD409DABB
 Amount of Each Receipt this Period
 250.00

C. Mr. Rick DeGraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company COO & Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013
Transaction ID : AC908B0B5137F458C971
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	311.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Ms. Cynthia Delong		Date of Receipt
Mailing Address PO Box 1776		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Yarmouth	ME	04096-1776
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A424D498419674706983
Name of Employer	Occupation	Amount of Each Receipt this Period
Patriot Insurance Company	Vice President, Claims	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Cynthia Delong		Date of Receipt
Mailing Address PO Box 1776		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Yarmouth	ME	04096-1776
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2732905FA51246E2A02
Name of Employer	Occupation	Amount of Each Receipt this Period
Patriot Insurance Company	Vice President, Claims	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Robert Detlefsen PhD		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A373E98FA168C4109A5A
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Public Policy	<input type="text" value="43.48"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.04"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="63.48"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 80
<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert Detlefsen PhD		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A93C40A12BFFF46EE934
Name of Employer National Association of Mutual Insuran		Amount of Each Receipt this Period
Occupation Vice President - Public Policy		<input type="text" value="43.48"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1043.52"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Robert Detlefsen PhD		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9D9272E4CE3642A3B41
Name of Employer National Association of Mutual Insuran		Amount of Each Receipt this Period
Occupation Vice President - Public Policy		<input type="text" value="43.48"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1087.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Christina Donato		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ADE7BBD9284F84001800
Name of Employer Frankenmuth Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Senior Field Manager		<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="96.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Christina Donato
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Field Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : A2347A28CC3964DEBB0C
 Amount of Each Receipt this Period **10.00**

B. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **825.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : AD81D58199926490D921
 Amount of Each Receipt this Period **75.00**

C. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2211.68**

Date of Receipt **11 / 04 / 2013**
Transaction ID : AA0D40C6BC3464CD3816
 Amount of Each Receipt this Period **96.16**

SUBTOTAL of Receipts This Page (optional)..... **181.16**
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 24 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : AEF695B6667214E3F9DA
 Amount of Each Receipt this Period
 96.16

B. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2013
Transaction ID : A2832236E3DE1475C8E3
 Amount of Each Receipt this Period
 96.16

c. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1771.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : AE82768B120D34818AA3
 Amount of Each Receipt this Period
 77.00

SUBTOTAL of Receipts This Page (optional).....▶	269.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1848.00

Date of Receipt 11 / 22 / 2013
Transaction ID : AC80A41928F854F05A88
 Amount of Each Receipt this Period 77.00

B. Mr. Andrew M. Eriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 07 / 2013
Transaction ID : A26CE589211B24E0DA1B
 Amount of Each Receipt this Period 100.00

C. Mr. Michael L. Faron CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation NE Commercial Business Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A68FAA4DB849A4972BD8
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.00
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 26 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael L. Faron CPCU		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dedham	MA	02026-1850
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB870B75B5803475FB43
Name of Employer	Occupation	Amount of Each Receipt this Period
Norfolk & Dedham Mutual Fire Insurance	NE Commercial Business Leader	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Gayle Fisher		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3DC816EED06D4A6A93F
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Assistant Vice President-Life Operatio	<input type="text" value="65.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="675.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Joe Flynn		Date of Receipt
Mailing Address PO Box 5626		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockford	IL	61125-0626
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFDBC7D48C5AE4082A65
Name of Employer	Occupation	Amount of Each Receipt this Period
Rockford Mutual Insurance Company	AVP Underwriting	<input type="text" value="57.72"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.88"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="132.72"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Bethany Foy
Full Name (Last, First, Middle Initial)
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
-----------------	-------------	------------------------

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

Name of Employer United Ohio Insurance Company	Occupation Service Center Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : ACD64044054DE4D119FC

Amount of Each Receipt this Period

10.00

B. Ms. Bethany Foy
Full Name (Last, First, Middle Initial)
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
-----------------	-------------	------------------------

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

Name of Employer United Ohio Insurance Company	Occupation Service Center Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2013

Transaction ID : A4D1F8B72123C491BBAC

Amount of Each Receipt this Period

10.00

C. Mr. Vincent Franz
Full Name (Last, First, Middle Initial)
Mailing Address 1 Insurance Sq

City Celina	State OH	Zip Code 45822-1659
----------------	-------------	------------------------

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

Name of Employer National Mutual Insurance Company	Occupation Vice President, Chief Actuary
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : AA1B17241A9FC4B85BC8

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: (check only one)	PAGE 28 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Vincent Franz
Full Name (Last, First, Middle Initial)

Mailing Address 1 Insurance Sq

City State Zip Code
Celina OH 45822-1659

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

Name of Employer Occupation
National Mutual Insurance Company Vice President, Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 22 / 2013

Transaction ID : A60D9E9ACCB6E4FFFB12

Amount of Each Receipt this Period
10.00

B. Mr. Rusty Frisinger PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1050

City State Zip Code
Fayetteville AR 72702-1050

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

Name of Employer Occupation
Washington County Farmers Mutual Fire General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
591.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : A33DDB1F507F04FA3BC4

Amount of Each Receipt this Period
125.00

C. Mr. Thomas Froman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Assistant Vice President-Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : AD00759604A7B45C8A0A

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 29 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Benjamin Galloway
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt **11 / 04 / 2013**

Transaction ID : A272C868C9FA541338C0

Amount of Each Receipt this Period **25.00**

B. Mr. Benjamin Galloway
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt **11 / 14 / 2013**

Transaction ID : A218AD8BD9BCE4786B6B

Amount of Each Receipt this Period **25.00**

C. Mr. Randy Gerdes
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **458.26**

Date of Receipt **11 / 14 / 2013**

Transaction ID : ABFB01D8C6F13469CA18

Amount of Each Receipt this Period **20.83**

SUBTOTAL of Receipts This Page (optional)..... **70.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **884.81**

Date of Receipt **11 / 12 / 2013**
Transaction ID : A1A325D6072C94C46A03
 Amount of Each Receipt this Period **38.47**

B. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **923.28**

Date of Receipt **11 / 22 / 2013**
Transaction ID : AE7FC753CB0EB49C3BDB
 Amount of Each Receipt this Period **38.47**

C. Ms. Yvette Gonzales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **450.02**

Date of Receipt **11 / 14 / 2013**
Transaction ID : A192F414C81E74297B88
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **118.61**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 31 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2158.42

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : A44567CD97D0D450686E
 Amount of Each Receipt this Period
 113.64

B. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2272.06

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : A22A7050A411D47C2876
 Amount of Each Receipt this Period
 113.64

C. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2385.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2013
Transaction ID : A457C2A96928D4FC4810
 Amount of Each Receipt this Period
 113.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.92
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 32 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jonathan C. Grether MSIM, CPCU

Mailing Address PO Box 370

City State Zip Code
Algona IA 50511-0370

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

Name of Employer Occupation
Pharmacists Mutual Insurance Company COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : A5756C681F7714030A45

Amount of Each Receipt this Period
125.00

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : A24C56DA4F76B4479BAF

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Ms. Alice Hamm

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Assistant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013
Transaction ID : A25294C5D09A74CC69FB

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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 33 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Fred A. Hannula

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President - Specialty Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt
11 / 07 / 2013
Transaction ID : AC21D23F697E54011B0F

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
B. Ms. Rebecca Hartmann

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Regional Vice President - Brentwood Br

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
11 / 07 / 2013
Transaction ID : AD38CE39ED6984428A56

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mr. Joseph B. Haswell

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 04 / 2013
Transaction ID : AD3BC7454A07F46F2AFF

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.00

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 34 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Joseph B. Haswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : A993633973F98437C8BD
 Amount of Each Receipt this Period
 10.00

B. Mr. Shane Heeren
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rockford Mutual Insurance Company Director of Marketing & Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : AACF186AEACC646F684B
 Amount of Each Receipt this Period
 30.00

c. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : A9132837E6E7044D99EB
 Amount of Each Receipt this Period
 20.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 15 / 2013
Transaction ID : A2193EAECFD5F498D99A
 Amount of Each Receipt this Period 20.00

B. Ms. Brenda G. Hennenfent
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.53

Date of Receipt 11 / 07 / 2013
Transaction ID : AB46AF5A00DF04AF7A34
 Amount of Each Receipt this Period 20.83

C. Mr. Timothy R. Hyle CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Finance & Risk Managem
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A734B39C94581456CB95
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.83
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Theresa Jakubick
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Date of Receipt
11 / 04 / 2013
Transaction ID : AB8F3B0A093A4456EBF6

Amount of Each Receipt this Period
20.00

B. Ms. Theresa Jakubick
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Date of Receipt
11 / 18 / 2013
Transaction ID : A1DF6CDD6747A4C24843

Amount of Each Receipt this Period
20.00

C. Mr. Gary Johnson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President, Business Ins	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Date of Receipt
11 / 04 / 2013
Transaction ID : A7BCEB8610A0E422192D

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 37 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gary Johnson

Mailing Address **PO Box 111**

City **Bucyrus** State **OH** Zip Code **44820-0111**

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

Name of Employer **Ohio Mutual Insurance Company** Occupation **Assistant Vice President, Business Ins**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 18 / 2013**

Transaction ID : AAFBD9CE12B6547A7886

Amount of Each Receipt this Period **10.00**

Full Name (Last, First, Middle Initial)
B. Mr. Rick Jones

Mailing Address **3030 N 3rd St**

City **Phoenix** State **AZ** Zip Code **85012-3074**

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

Name of Employer **CopperPoint Mutual Insurance Company** Occupation **EVP - Chief Sales & Business Developme**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **927.00**

Date of Receipt **11 / 14 / 2013**

Transaction ID : AFDF0DE7078CA4909A5D

Amount of Each Receipt this Period **42.00**

Full Name (Last, First, Middle Initial)
C. Mr. Jon Jorgensen

Mailing Address **PO Box 30660**

City **Lansing** State **MI** Zip Code **48909-8160**

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

Name of Employer **Auto-Owners Insurance Company** Occupation **Assistant Vice President Underwriting**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.75**

Date of Receipt **11 / 07 / 2013**

Transaction ID : AAE88498A62DA42FBA1C

Amount of Each Receipt this Period **31.25**

SUBTOTAL of Receipts This Page (optional)..... **83.25**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Thomas Karol
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **818.28**

Date of Receipt **11 / 04 / 2013**

Transaction ID : AF8BD0AFF36A4436592A

Amount of Each Receipt this Period **45.46**

B. Mr. Thomas Karol
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **863.74**

Date of Receipt **11 / 18 / 2013**

Transaction ID : AF40B0A1F202A4AE8B36

Amount of Each Receipt this Period **45.46**

C. Mr. Thomas Karol
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **909.20**

Date of Receipt **11 / 27 / 2013**

Transaction ID : A4EFA164E0F1C4BB9A37

Amount of Each Receipt this Period **45.46**

SUBTOTAL of Receipts This Page (optional)..... **136.38**

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 39 OF 80
<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Ms. Pamela J. Keeney		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A433F233345874C1688D
Name of Employer NAMIC Insurance Company, Inc.		Amount of Each Receipt this Period
Occupation Vice President - Underwriting & Ins Op		<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Pamela J. Keeney		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0E61D7E964FF4550BE0
Name of Employer NAMIC Insurance Company, Inc.		Amount of Each Receipt this Period
Occupation Vice President - Underwriting & Ins Op		<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Pamela J. Keeney		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A62816E5B052E420BBD2
Name of Employer NAMIC Insurance Company, Inc.		Amount of Each Receipt this Period
Occupation Vice President - Underwriting & Ins Op		<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Drew A. Klasing
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager, Home Office Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : AC137568D039947648AB
 Amount of Each Receipt this Period
 45.00

B. Mr. Kraig T. Klopfenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : A74EE3870720F4EEB9E6
 Amount of Each Receipt this Period
 75.00

C. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : A4ED53B8C31854CB4967
 Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional).....▶	158.00
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 41 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Andrew Knudsen
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **874.00**

Date of Receipt **11 / 22 / 2013**

Transaction ID : AB3B6ADDBB83A4C72BE

Amount of Each Receipt this Period **38.00**

B. Mr. Andy Lanphere MLIS
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Agency Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 04 / 2013**

Transaction ID : A81652D98FC9044F78D9

Amount of Each Receipt this Period **10.00**

c. Mr. Andy Lanphere MLIS
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Agency Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 18 / 2013**

Transaction ID : AD48F2DA198424578834

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **58.00**

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 43 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Steven D. Linkous

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3544

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

Name of Employer Occupation
Harford Mutual Insurance Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2665.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : AB1C43D2A5A584470A10

Amount of Each Receipt this Period
209.00

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey Lopata

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1896

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

Name of Employer Occupation
Preferred Mutual Insurance Company Manager - Commercial Lines E-Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 04 / 2013

Transaction ID : AE0C54AE525C6484EA79

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Mr. Mike H. Lovelady

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : A3C78903A5D8D486D9DF

Amount of Each Receipt this Period
22.50

SUBTOTAL of Receipts This Page (optional).....▶	271.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Tim Lynch
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **404.97**

Date of Receipt **11 / 07 / 2013**

Transaction ID : A243695AA09184E3B9A8

Amount of Each Receipt this Period **41.67**

B. Ms. Rae Malesh
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Assistant to the President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **310.50**

Date of Receipt **11 / 04 / 2013**

Transaction ID : A76B59C1FB0804168A38

Amount of Each Receipt this Period **13.50**

C. Ms. Rae Malesh
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Assistant to the President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **324.00**

Date of Receipt **11 / 18 / 2013**

Transaction ID : A4FC83E6351064D89982

Amount of Each Receipt this Period **13.50**

SUBTOTAL of Receipts This Page (optional)..... **68.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Ms. Rae Malesh		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.		Transaction ID : A189801F74F694468980
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="13.50"/>
Name of Employer	Occupation	
National Association of Mutual Insuran	Assistant to the President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="337.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Diane Marshall		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.		Transaction ID : AE1A86183819B4D55BC9
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Auto-Owners Insurance Company	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Phil McCain		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : A028DC7FBE6A6426CA02
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.47"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="884.81"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="151.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **923.28**

Date of Receipt **11 / 22 / 2013**
Transaction ID : A2E12B042AFA844A08F6
Amount of Each Receipt this Period **38.47**

B. S.H. McCullough
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 244017
City Montgomery State AL Zip Code 36124-4017
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation RVP - Montgomery Region
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **235.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : A883D9D2B0B714F689D0
Amount of Each Receipt this Period **25.00**

C. Ms. Sherry L. McKenzie AAM, AIS
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **625.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : A84876242D21F4BCBB8D
Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **138.47**
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 47 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 885.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : A0206569F9AEA461D830
 Amount of Each Receipt this Period
 38.50

B. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : A18B4A07E263742069C5
 Amount of Each Receipt this Period
 38.50

C. Mr. Scott A. Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation AVP - Personal Lines Auto
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : A4B06A37410464BAC90F
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00
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 48 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. David Middleton		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB7601EA02C474A2BA22
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Finance	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="920.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. David Middleton		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A305ED90C115749E6816
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Finance	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="960.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. David Middleton		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC339FD18EC59458C9DF
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Finance	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : AA33CD1020A8E4B6FB9B
 Amount of Each Receipt this Period
 45.00

B. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : A66E3F1669B3B40C28F4
 Amount of Each Receipt this Period
 45.00

C. Ms. Carolyn B. Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation AVP-Regional Sales Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : A200BF60AB97A4EB48EE
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 50 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Joel P. Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Norfolk & Dedham Mutual Fire Insurance
 Occupation: Vice President, Personal Lines & Marke
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 11 / 04 / 2013
Transaction ID : A45F7C217E87F4E66BF4
 Amount of Each Receipt this Period: 20.00

B. Mr. Joel P. Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Norfolk & Dedham Mutual Fire Insurance
 Occupation: Vice President, Personal Lines & Marke
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 15 / 2013
Transaction ID : AAC843D8DA89D4576B1C
 Amount of Each Receipt this Period: 20.00

C. Mr. James Northard
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: National Association of Mutual Insuran
 Occupation: Web Design Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.50

Date of Receipt: 11 / 18 / 2013
Transaction ID : AF2650D906CC142F6ADD
 Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional).....▶	52.50
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 51 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. James Northard

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

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

Name of Employer Occupation
 National Association of Mutual Insuran Web Design Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : AAE871D430D1C437CAC0

Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
B. Mr. John A. Paul PFMM

Mailing Address PO Box 498

City State Zip Code
 Council Bluffs IA 51502-0498

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

Name of Employer Occupation
 Western Iowa Mutual Insurance Associat President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : A04F6195D7443485E999

Amount of Each Receipt this Period
 550.00

Full Name (Last, First, Middle Initial)
C. Mr. John A. Paul PFMM

Mailing Address PO Box 498

City State Zip Code
 Council Bluffs IA 51502-0498

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

Name of Employer Occupation
 Western Iowa Mutual Insurance Associat President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : ADD6055031A284CC989E

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 662.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Helen Pettersen
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St
City Dedham State MA Zip Code 02026-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation IT Project Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A22C0FC3BB77B46AE51
Amount of Each Receipt this Period 10.00

B. Ms. Helen Pettersen
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St
City Dedham State MA Zip Code 02026-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation IT Project Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 15 / 2013
Transaction ID : AD7ADA0E0EA3042A8915
Amount of Each Receipt this Period 10.00

C. Mr. Jeffery Pierce
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 07 / 2013
Transaction ID : A674CE2BC3D004E87A7D
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00
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 53 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Mary S. Pierce
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **290.95**

Date of Receipt **11 / 07 / 2013**
Transaction ID : A16342ED57EF94C7B8B6
 Amount of Each Receipt this Period **45.45**

B. Mr. Mike Pike
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Human Resources Professional
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : A9C7ED87E070D4F14B56
 Amount of Each Receipt this Period **35.00**

C. Mr. Barry Preslaski
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 07 / 2013**
Transaction ID : A0F617F95FDFD47CF823
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional).....	110.45
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 54 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Lee Rademacher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Assistant Vice President-Commercial Li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013
Transaction ID : A419284A4C9B04700B0C

Amount of Each Receipt this Period
30.00

B. Ms. Liz Reynolds CPCU, API
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran State Affairs Manager/Southeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : A5861B1BBD4EF410A9A0

Amount of Each Receipt this Period
10.00

C. Ms. Liz Reynolds CPCU, API
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran State Affairs Manager/Southeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : A8F1018145528483DB47

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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 55 OF 80
	<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	<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Liz Reynolds CPCU, API
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Southeast Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2013
Transaction ID : A28D63E062BA844DCA66
 Amount of Each Receipt this Period 10.00

B. Mr. Jonathan R. Riekse
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 893.00

Date of Receipt 11 / 07 / 2013
Transaction ID : A937EED33F9EE4641817
 Amount of Each Receipt this Period 83.00

c. Mr. L. Gerald Roach CPCU, FLMI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2950.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A0645B7DBD1714ACC843
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 343.00
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 56 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jonathan Rodgers

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

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

Name of Employer Occupation
 National Association of Mutual Insuran Accounting Regulation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : ACB30C23534084F65A14

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Mr. Jonathan Rodgers

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

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

Name of Employer Occupation
 National Association of Mutual Insuran Accounting Regulation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : A0FF99DB085AF42DB868

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
c. Mr. Jonathan Rodgers

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

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

Name of Employer Occupation
 National Association of Mutual Insuran Accounting Regulation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : A738118793C3C4B35A74

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: (check only one)	PAGE 57 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Ed Roesch
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer NAMIC Insurance Company, Inc.	Occupation Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : A30FAE61231BB45B08FE

Amount of Each Receipt this Period
10.00

B. Mr. Ed Roesch
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer NAMIC Insurance Company, Inc.	Occupation Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : AB9D5F7EB6CEC4DF49E6

Amount of Each Receipt this Period
10.00

C. Mr. Ed Roesch
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer NAMIC Insurance Company, Inc.	Occupation Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2013
Transaction ID : A6CCCCEEE39684F28A45

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: (check only one)	PAGE 58 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Mary Rowlinson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer United Ohio Insurance Company	Occupation Claims Operations Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : A6E4659BC797C470FB41

Amount of Each Receipt this Period

80.00

25.00

B. Ms. Mary Rowlinson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer United Ohio Insurance Company	Occupation Claims Operations Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2013

Transaction ID : A8E9554DEFA814A11B15

Amount of Each Receipt this Period

80.00

25.00

C. Mr. Fred Schneiderman
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125-0626
------------------	-------------	------------------------

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

Name of Employer Rockford Mutual Insurance Company	Occupation Personal Lines Underwriting Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2013

Transaction ID : AA69D4FF7FA5D4875AD3

Amount of Each Receipt this Period

80.00

30.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 59 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 11 / 07 / 2013
Transaction ID : AC2DE96E438904805BDC

Amount of Each Receipt this Period 45.00

B. Mr. James C. Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 446.00

Date of Receipt 11 / 07 / 2013
Transaction ID : A9845548AC8924EA29E1

Amount of Each Receipt this Period 42.00

C. Ms. Judy Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Assistant Vice President, Administrati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.18

Date of Receipt 11 / 14 / 2013
Transaction ID : A91EFE84A564745D1AEA

Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.83

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 60 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Kent B. Shantz		Date of Receipt
Mailing Address PO Box 5626		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockford	IL	61125-0626
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A17ADBCC1200545D8A39
Name of Employer	Occupation	Amount of Each Receipt this Period
Rockford Mutual Insurance Company	Vice President of Operations	<input type="text" value="117.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="936.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. William D. Sheldon		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A15C7637C4FC14ACCAC2
Name of Employer	Occupation	Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company	General Counsel and Chief Compliance O	<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="458.26"/>	

Full Name (Last, First, Middle Initial) C. Mr. Gregory Shell		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2350B27016C94FF6A66
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Regional Vice President	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="486.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="187.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Christopher G. Shipe CPCU, AIT
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 58
 City Waterford State VA Zip Code 20197-0058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.68**

Date of Receipt **11 / 18 / 2013**
Transaction ID : A7668E00E59A7465CA58
 Amount of Each Receipt this Period **166.67**

B. Mr. Steven C. Sliver CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 577
 City Huntingdon State PA Zip Code 16652-0577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Benefit Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt **11 / 18 / 2013**
Transaction ID : A9C7983CDB94C4CAA8A9
 Amount of Each Receipt this Period **625.00**

C. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2310.00**

Date of Receipt **11 / 14 / 2013**
Transaction ID : A70E2711601534B0992C
 Amount of Each Receipt this Period **105.00**

SUBTOTAL of Receipts This Page (optional)..... **896.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Vice President of Federal and Politica

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **861.72**

Date of Receipt **11 / 04 / 2013**

Transaction ID : AC225758685BC4E88B8C

Amount of Each Receipt this Period **45.46**

B. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Vice President of Federal and Politica

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **907.18**

Date of Receipt **11 / 18 / 2013**

Transaction ID : A755B939444A84A08A1D

Amount of Each Receipt this Period **45.46**

C. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Vice President of Federal and Politica

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **952.64**

Date of Receipt **11 / 27 / 2013**

Transaction ID : A710A467DA36643B1AF5

Amount of Each Receipt this Period **45.46**

SUBTOTAL of Receipts This Page (optional)..... **136.38**

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 63 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Steven C. Speicher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Forest Regio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : A8D20380956C0425A859
 Amount of Each Receipt this Period
 50.00

B. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : AD2737B8DAB2B47F1BFD
 Amount of Each Receipt this Period
 20.00

C. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : A3756694B3AC842BCAA7
 Amount of Each Receipt this Period
 20.00

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: (check only one)	PAGE 64 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Ms. Kristen Spriggs			Date of Receipt M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address PO Box 68700			Transaction ID : ACE8FC84B9A214058A63
City Indianapolis	State IN	Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert G. Street AIM			Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 29 Creighton Ave			Transaction ID : ACA1CF08AC6B74E4FBF9
City Foxboro	State MA	Zip Code 02035-1405	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation NE Casualty Claims Division Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) C. Mr. Robert G. Street AIM			Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 29 Creighton Ave			Transaction ID : AA625A16003C44180927
City Foxboro	State MA	Zip Code 02035-1405	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation NE Casualty Claims Division Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Edward Stuckrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapi Blvd
 City Lansing State MI Zip Code 48917-3994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Westminister
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 07 / 2013
Transaction ID : ABE60A6C835B24ADCAA7
 Amount of Each Receipt this Period 200.00

B. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2155.30

Date of Receipt 11 / 04 / 2013
Transaction ID : A475033FD9A4B432F88E
 Amount of Each Receipt this Period 96.15

C. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2251.45

Date of Receipt 11 / 18 / 2013
Transaction ID : A67FD384744BE41BFAEB
 Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.30
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 66 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2347.60

Date of Receipt 11 / 27 / 2013
Transaction ID : AFAB4F7C403EF463A9DE
 Amount of Each Receipt this Period 96.15

B. Mr. Terry Suttner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 789.48

Date of Receipt 11 / 04 / 2013
Transaction ID : A236D7345FDD84A0EB60
 Amount of Each Receipt this Period 52.63

C. Mr. Terry Suttner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 842.11

Date of Receipt 11 / 18 / 2013
Transaction ID : ABF8CB393BCF64ED58CD
 Amount of Each Receipt this Period 52.63

SUBTOTAL of Receipts This Page (optional).....▶ 201.41
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 67 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Terry Suttner
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Membership/Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 894.74	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 27 / 2013
Transaction ID : AE542D7F410834583B04

Amount of Each Receipt this Period
52.63

B. Mr. Jeffrey Tagsold
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2013
Transaction ID : AD2C3956CDCE94C95B32

Amount of Each Receipt this Period
100.00

C. Mr. Paul Tetrault
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 04 / 2013
Transaction ID : AEE4CA1740AF84493A6B

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	172.63
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 68 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Paul Tetrault		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A320035E67572419FA5C
Name of Employer National Association of Mutual Insuran		Amount of Each Receipt this Period
Occupation State Affairs Manager/Northeast Region		<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Paul Tetrault		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2FB82F489B9044BFA78
Name of Employer National Association of Mutual Insuran		Amount of Each Receipt this Period
Occupation State Affairs Manager/Northeast Region		<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Daniel J. Thelen		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A894F42BB7BA24756A40
Name of Employer Auto-Owners Insurance Company		Amount of Each Receipt this Period
Occupation Senior Vice President of Human Resourc		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Joe Thesing
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : A1DFC78E3A5984C348E9

Amount of Each Receipt this Period
40.00

B. Mr. Joe Thesing
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : AA2F4A9DD6B6B4D95B76

Amount of Each Receipt this Period
40.00

C. Mr. Joe Thesing
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013
Transaction ID : AC2A0BA4D558D4B958B5

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 70 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Bruce D. Thomas PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 594

City Algona State IA Zip Code 50511-0594

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

Name of Employer Heartland Mutual Insurance Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2525.00

Date of Receipt 11 / 20 / 2013
Transaction ID : ACEFD5021282343C5926

Amount of Each Receipt this Period 100.00

B. Mr. Gary W. Thompson CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2013
Transaction ID : A944A27BB8CAD48F9903

Amount of Each Receipt this Period 100.00

c. Mr. Gary W. Thompson CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 14 / 2013
Transaction ID : AC4FCDBD4F57949198E0

Amount of Each Receipt this Period 100.00

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 71 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Randall Trinklein
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **897.00**

Date of Receipt **11 / 12 / 2013**

Transaction ID : ACBDC1D8A71C649E89F2

Amount of Each Receipt this Period **39.00**

B. Mr. Randall Trinklein
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 22 / 2013**

Transaction ID : A5C1BC4FE0BD34FB4B7A

Amount of Each Receipt this Period **39.00**

C. Mr. Michael Ulmer
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 04 / 2013**

Transaction ID : A6E01196BFDC9492C9DB

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **88.00**

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 72 OF 80
	<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Michael Ulmer
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 18 / 2013
Transaction ID : A98F1FED19FD64EDBAD4

Amount of Each Receipt this Period 10.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2013
Transaction ID : AAF39FDDB9D7F49BFA0F

Amount of Each Receipt this Period 10.00

C. Mr. Gregg R. U'Ren
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 07 / 2013
Transaction ID : AEDEC790C5EBE4EA2973

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 73 OF 80
<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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Aaron J. Valentine		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2013 Transaction ID : A5B2BA9A76AEA4F1F8A1
Mailing Address 1 Preferred Way		Amount of Each Receipt this Period 80.00
City New Berlin	State NY	Zip Code 13411-1896
FEC ID number of contributing federal political committee. C		
Name of Employer Preferred Mutual Insurance Company	Occupation Senior Vice President, Treasurer & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) B. Mr. James J. Walsh Jr.		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2013 Transaction ID : ACE7C9CF706B144AFBC9
Mailing Address PO Box 30660		Amount of Each Receipt this Period 50.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) c. Mr. Joseph Walsh CPCU, CIC,		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2013 Transaction ID : AB2A00CDCF0FA47D0A57
Mailing Address PO Box 111		Amount of Each Receipt this Period 10.00
City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Manager - Business Insurance Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Joseph Walsh CPCU, CIC,			Date of Receipt
Mailing Address PO Box 111			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : AA59C0FAACA394D45848
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="10.00"/>
Name of Employer	Occupation		
Ohio Mutual Insurance Company	Manager - Business Insurance Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Ian R. Ward			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A5E6CB5AB94A648049F1
Lansing	MI	48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
Auto-Owners Insurance Company	Senior Vice President, Investments and		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Mark Wenger			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A4B93557009634F17BDB
Lansing	MI	48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="84.00"/>
Name of Employer	Occupation		
Auto-Owners Insurance Company	Assistant Vice President and Chief P&C		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="924.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="144.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 80
<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)
National Association of Mutual Insurance Companies PAC

A. Mr. Noel A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Underwriting
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **658.26**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2013

Transaction ID : A0AE0C5CECF7345A3B88

Amount of Each Receipt this Period

20.83

B. Mr. Daniel Witt
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer CopperPoint Mutual Insurance Company	Occupation Claims Manager
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2013

Transaction ID : A8D3570E95C604635A18

Amount of Each Receipt this Period

15.00

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

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation SVP, Assoc. Secretary & Assoc. General
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	07	/	2013

Transaction ID : AA520DC9B7F384301BFC

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional).....▶	119.83
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 76 OF 80
	<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	<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)
National Association of Mutual Insurance Companies PAC

A. Ms. Sharon V. Woodward
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N Charles St Ste 640
 City Baltimore State MD Zip Code 21201-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baltimore Equitable Insurance Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 18 / 2013
Transaction ID : A8B3927901778497692A
 Amount of Each Receipt this Period 30.00

B. Mr. Jeffrey S. Wrobel SR, CPC, A
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 674.00

Date of Receipt 11 / 04 / 2013
Transaction ID : AF532F9D10AEB46A190B
 Amount of Each Receipt this Period 42.00

C. Mr. Steve Zabriskie
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 11 / 07 / 2013
Transaction ID : AE328E6C078AF4E889B5
 Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional).....	94.00
TOTAL This Period (last page this line number only).....	10730.24

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

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

FOR LINE NUMBER: PAGE 77 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)
A. Amica Mutual Insurance Company/Fed-Political Action Committee

Mailing Address PO Box 6008

City Providence State RI Zip Code 02940

FEC ID number of contributing federal political committee. **C** C00268987

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : AD746F3949C0C4C3EAC2

Amount of Each Receipt this Period
 3000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 29 / 2013

Transaction ID : B46C096C6AFC149D289D

Amount of Each Disbursement this Period

20.31

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : B6B516546884A46FB883

Amount of Each Disbursement this Period

62.47

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

82.78

82.78

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ACTON PAC

Mailing Address P.O. BOX 442

City Sharpsburg State GA Zip Code 30277-0442

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : B29C6F6D01FC540559F8

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Rep. Brett Guthrie

Office Sought: House Senate President

State: KY District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : BEB27F3F825B34DC097E

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

-3000.00

-3000.00
