

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) 3601 Vincennes Road
PO Box 68700
 Check if different than previously reported. (ACC)
Indianapolis IN 46268

2. **FEC IDENTIFICATION NUMBER** C00170258
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 04 21 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Gregg Dykstra

Signature of Treasurer Electronically Filed by Gregg Dykstra Date 07 22 2009

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Association of Mutual Insurance Companies PAC

Report Covering the Period: From:

M	M
0	4

D	D
2	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		31031.58
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	58235.15									
(c) Total Receipts (from Line 19)	47325.82	135581.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	105560.97	166613.33								
7. Total Disbursements (from Line 31)	36299.91	97352.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69261.06	69261.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From:

M	M
0	4

D	D
2	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	28719.51	82468.18
(ii) Unitemized	12585.38	30576.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	41304.89	113045.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47304.89	135545.14
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20.93	36.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47325.82	135581.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47325.82	135581.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	299.91	752.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	299.91	752.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	95500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1100.00
(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	1100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36299.91	97352.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36299.91	97352.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	47304.89	135545.14
34. Total Contribution Refunds (from Line 28(d))	0.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47304.89	134445.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	299.91	752.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	299.91	752.27

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address 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 of State and Regulatory

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 867.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 7ec6f62979509f19397

Amount of Each Receipt this Period 75.00

B.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address 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 of State and Regulatory

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 867.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: be52412fd6c593adcfe

Amount of Each Receipt this Period 75.00

C.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address 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 of State and Regulatory

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 867.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: 2f8fac6f65f082949e2

Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional) ► 189.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 64

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address 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 of State and Regulatory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 867.00

Date of Receipt 06 / 05 / 2009

Transaction ID: cc38f8193e25488409b

Amount of Each Receipt this Period 39.00

B.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address 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 of State and Regulatory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 867.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 382641e8870a27f44c2

Amount of Each Receipt this Period 39.00

C.

Full Name (Last, First, Middle Initial)
Bart Anderson

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 VP - Member Services & Communic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 26 / 2009

Transaction ID: b9f6607acdf405f59da

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 98.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 64
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)
Bart Anderson

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 VP - Member Services & Communic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 05 / 2009

Transaction ID: baaf0ebb12c1d56b18e

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Bart Anderson

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 VP - Member Services & Communic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 18 / 2009

Transaction ID: e21d29137384b86ae44

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Thomas W. Beach

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2009

Transaction ID: d2d5eca809f3cb1af2b

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 / 64
	<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.	Full Name (Last, First, Middle Initial) Robert W. Bedell, III	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address PO Box 9346	Transaction ID: aea194befc14cb26dd4
	City State Zip Code Columbia SC 29290-0346	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southern Mutual Church Insurance Compa Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address One Mutual Avenue	Transaction ID: d5b8c8c24d48b3d7384
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.07	

C.	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address One Mutual Avenue	Transaction ID: 81ef83dbcb3f5ab0f20
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.07	

SUBTOTAL of Receipts This Page (optional)	730.78
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 / 64
	<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.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 06 / 03 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 82c37051221775f72a4		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 1500.07		

B.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 06 / 29 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 92ce546666c668615bb		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 1500.07		

C.	Full Name (Last, First, Middle Initial) Stuart R. Birn		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address PO Box 30660		Transaction ID: d30f11 eae6d4a4401a9		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation First Vice President, Secretary & Gene	Aggregate Year-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional)	280.78
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 12 / 64
	<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.	Full Name (Last, First, Middle Initial) Stuart R. Birn		Date of Receipt
	Mailing Address PO Box 30660		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2009
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee. C		Transaction ID: 0a4f3c1c92e2034dfda
Name of Employer Auto-Owners Insurance Company		Occupation First Vice President, Secretary & Gene	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	50.00

B.	Full Name (Last, First, Middle Initial) Stuart R. Birn		Date of Receipt
	Mailing Address PO Box 30660		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee. C		Transaction ID: 8d09034fecc6480362c
Name of Employer Auto-Owners Insurance Company		Occupation First Vice President, Secretary & Gene	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	50.00

C.	Full Name (Last, First, Middle Initial) W. A. Bissette		Date of Receipt
	Mailing Address 170 S Independence Mall West the Curtis Center		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 07 / 2009
	City	State	Zip Code
	Philadelphia	PA	19106-3388
	FEC ID number of contributing federal political committee. C		Transaction ID: 587176117df84b52de5
Name of Employer Pennsylvania Lumbermens Mutual Insuran		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	1000.00

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 64
	<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.

Full Name (Last, First, Middle Initial)
Clarence Boyle, Sr.

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Harford Mutual Insurance Company
Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: e66b071810e9ca216a7

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1501 South Capitol Way, Room 201

City State Zip Code
Olympia WA 98501-2200

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

Name of Employer PEMCO Mutual Insurance Company
Occupation Director of Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: 2b1abae3057fa14c973

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bob I. Buchanan

Mailing Address 6101 Anacabri Boulevard

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer Auto-Owners Insurance Company
Occupation Vice President-Applications Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 11f393a065805f8a6a1

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶ **530.00**

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 14 / 64
	<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.	Full Name (Last, First, Middle Initial) Susan Burmeister		Date of Receipt
	Mailing Address 1285 Highway 15 South		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Fairmont	MN	56031-4461
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Fairmont Farmers Mutual Insurance Comp		Occupation Office Assistant	Transaction ID: 7d3ef36f349ba53be8d
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 300.00	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer National Association of Mutual Insuran		Occupation President & CEO	Transaction ID: ebd27571bfc18dc0b9f
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1170.00	<input type="text"/> 90.00

C.	Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer National Association of Mutual Insuran		Occupation President & CEO	Transaction ID: 61607a955bdfc00fd45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1170.00	<input type="text"/> 90.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 480.00
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 15 / 64
	<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.	Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation President & CEO	Transaction ID: 198c5359e6b4de28d50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1170.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="90.00"/>

B.	Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation President & CEO	Transaction ID: 74fa45c40382ad38c26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1170.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="90.00"/>

C.	Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation President & CEO	Transaction ID: ce2e7cb1f829e13d5c1
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1170.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="90.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="270.00"/>
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 / 64
	<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.	Full Name (Last, First, Middle Initial) William O. Courtney, Jr.	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address PO Box 147030	Transaction ID: 5effe954368e6959060
	City State Zip Code Gainesville FL 32614-7030	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Florida Farm Bureau Casua- lty Insurance	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D.	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address PO Box 68700	Transaction ID: 189c3cb3a3fd5411805
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 48.25
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.75	

C.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D.	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address PO Box 68700	Transaction ID: 05d2d24cd6b75e3defa
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 48.25
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.75	

SUBTOTAL of Receipts This Page (optional)	346.50
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 17 / 64
	<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. Full Name (Last, First, Middle Initial)
Robert Dettelsen, Ph.D.
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 Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 344.75

Date of Receipt 06 / 18 / 2009
Transaction ID: 3850c59dd41f23f0aab
Amount of Each Receipt this Period 48.25

B. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
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-Internal Operati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 04 / 24 / 2009
Transaction ID: fe79811d615d765efbd
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
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-Internal Operati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 05 / 07 / 2009
Transaction ID: c20996dafa9cc5e8943
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 108.25

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: PAGE 18 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.

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-Internal Operati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 05 / 26 / 2009
Transaction ID: 9d10012781cad1f6c29

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.

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-Internal Operati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 06 / 05 / 2009
Transaction ID: 634ee655202e2c3f078

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.

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-Internal Operati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 06 / 18 / 2009
Transaction ID: bc8aec2c5be4888cc3e

Amount of Each Receipt this Period 30.00

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 19 / 64
	<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.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic		Date of Receipt MM / DD / YYYY 05 / 04 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: c3d9250198ed8bd5f65		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date 500.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic		Date of Receipt MM / DD / YYYY 05 / 19 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 738a4514dede160cb68		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date 500.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic		Date of Receipt MM / DD / YYYY 06 / 03 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 43c5b4a92662d973397		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date 500.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	115.41
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 20 / 64
	<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.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address One Mutual Avenue	Transaction ID: d6441ecd7b6c1e6c3fc
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Frankenmuth Mutual Insurance Company Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.64	

B.	Full Name (Last, First, Middle Initial) Paul Ehler	Date of Receipt MM / DD / YYYY 06 / 17 / 2009
	Mailing Address PO Box 645	Transaction ID: 6df4fdc11751a3fc7c4
	City State Zip Code Brenham TX 77834-0645	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Germania Farm Mutual Insurance Associa Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) David Eide	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 5350 West 78th Street	Transaction ID: 9c7537e45492c014093
	City State Zip Code Minneapolis MN 55439-3101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Western National Mutual Insurance Comp Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1038.47
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 21 / 64
	<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.	Full Name (Last, First, Middle Initial) Gregory B. Ellingson	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 24 1st Avenue East Suite E	Transaction ID: f1b60e3ea916cf6fc95
	City State Zip Code Kalispell MT 59901-4517	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Flathead Farm Mutual Insurance Company Occupation General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Bryan Gilleland	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address One Mutual Avenue	Transaction ID: 007428d6221577c84d1
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.59

C.	Full Name (Last, First, Middle Initial) Bryan Gilleland	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address One Mutual Avenue	Transaction ID: 336be02048bff298bfd
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.59

SUBTOTAL of Receipts This Page (optional)	576.94
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 22 / 64
	<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.	Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt	
	Mailing Address One Mutual Avenue		M M / D D / Y Y Y Y Y 06 / 03 / 2009	
	City	State	Zip Code	Transaction ID: fd67748550e82ca3ac7
	Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		38.47	
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.59		

B.	Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt	
	Mailing Address One Mutual Avenue		M M / D D / Y Y Y Y Y 06 / 29 / 2009	
	City	State	Zip Code	Transaction ID: b117ca85b040d3e44d9
	Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		38.47	
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.59		

C.	Full Name (Last, First, Middle Initial) Clarence Guinn, CPA		Date of Receipt	
	Mailing Address 703 West Poplar Street		M M / D D / Y Y Y Y Y 05 / 04 / 2009	
	City	State	Zip Code	Transaction ID: 204ffdf2946c6011d9
	Rogers	AR	72756-4443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Farmers Mutual Insurance Company		Occupation Assistant Secretary/Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1076.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ron D. Hallenbeck, Cpcu

Mailing Address 717 Mulberry Street

City State Zip Code
Des Moines IA 50309-3810

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

Name of Employer Occupation
EMC Reinsurance Company Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: f6d31844b71e939e2d0

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Reiny Hanneken

Mailing Address PO Box 217
227 North Main Street

City State Zip Code
Pierz MN 56364-0217

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

Name of Employer Occupation
Pioneer Lake Mutual Insurance Company Secretary Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: fdfa2dfbd9033e01986

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James Hardesty

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Occupation
Harford Mutual Insurance Company Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2009

Transaction ID: 926f8ea248a7fa0158f

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 64
	<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. Full Name (Last, First, Middle Initial)
Jeffrey F. Harrold

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: Primary General Other (specify) ▼

Aggregate Year-to-Date: 300.00

Date of Receipt: 04 / 27 / 2009

Transaction ID: Obec12795a9a87efb3f

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Jeffrey F. Harrold

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: Primary General Other (specify) ▼

Aggregate Year-to-Date: 300.00

Date of Receipt: 06 / 01 / 2009

Transaction ID: 9bb36d4da3ca117631f

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Gerald Healy, Jr.

Mailing Address One Commerce Square
2005 Market Street

City: Philadelphia State: PA Zip Code: 19103-7008

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

Name of Employer: Pennsylvania Lumbermens Mutual Insuran Occupation: Sales/Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 / 05 / 2009

Transaction ID: 91e44888a2241b265b4

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 64

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Stuart C. Henderson

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer Occupation
Western National Mutual Insurance Comp President & CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 31eb17b08163ceb3c9f

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Hendrix

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 Controller

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: 41278b4b37b5f5969e8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David F. Honold

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 Senior Vice President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: 9fbd0871dbdbb385837

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

1326.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David F. Honold

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: Frankenmuth Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt: 05 / 19 / 2009
Transaction ID: db0838ca5072f190606
 Amount of Each Receipt this Period: 76.93

B.

Full Name (Last, First, Middle Initial)
David F. Honold

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: Frankenmuth Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt: 06 / 03 / 2009
Transaction ID: 10e982e85cb4362ecea
 Amount of Each Receipt this Period: 76.93

C.

Full Name (Last, First, Middle Initial)
David F. Honold

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: Frankenmuth Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt: 06 / 29 / 2009
Transaction ID: cd68f4aae9215af4929
 Amount of Each Receipt this Period: 76.93

SUBTOTAL of Receipts This Page (optional) ► **230.79**

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 27 / 64
	<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.	Full Name (Last, First, Middle Initial) Robert Horn	Date of Receipt MM / DD / YYYY 05 / 05 / 2009
	Mailing Address 1460 Wells Street	Transaction ID: 2d3724b465815ba8e5c
	City State Zip Code Enumclaw WA 98022-3003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mutual of Enumclaw Insurance Company	Occupation Sales/Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Richard D. Hundven	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address PO Box 432	Transaction ID: a389f12449aee2ff80d
	City State Zip Code Buckley WA 98321-0432	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mutual of Enumclaw Insurance Company	Occupation Vice President - Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Timothy Hyle	Date of Receipt MM / DD / YYYY 05 / 05 / 2009
	Mailing Address One Preferred Way	Transaction ID: 13ed46b762b35ed9913
	City State Zip Code New Berlin NY 13411-1800	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Preferred Mutual Insurance Company	Occupation Corporate Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	560.00
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 28 / 64
(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

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

Mailing Address One Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer Preferred Mutual Insurance Company
Occupation Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	9

Transaction ID: 9a48b9af5bc0a600dc6

Amount of Each Receipt this Period
40.00

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

Mailing Address One Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer Preferred Mutual Insurance Company
Occupation Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 7433216e5b022a65207

Amount of Each Receipt this Period
40.00

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

Mailing Address 1285 Highway 15 South

City State Zip Code
Fairmont MN 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp
Occupation Adjuster/Inspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	9

Transaction ID: 5b897efd42d5509b28a

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **380.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Harold Jamison		Date of Receipt MM / DD / YYYY 05 / 26 / 2009
Mailing Address One Commerce Square 2005 Market Street		Transaction ID: 7348fac962f2725bfb2
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Assistant Vice President & Corporate S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Terri Kietzer		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 1285 Highway 15 South		Transaction ID: 9ed0e6bd44e230cc6e5
City Fairmont	State MN	Zip Code 56031-4461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Fairmont Farmers Mutual Insurance Comp	Occupation Office Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) John W. Lee		Date of Receipt MM / DD / YYYY 05 / 07 / 2009
Mailing Address One Commerce Square 2005 Market Street		Transaction ID: c458670e62fb2735483
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 64
	<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.	Full Name (Last, First, Middle Initial) Roger Looyenga		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 4fa9c89b4500c977ba1
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Auto-Owners Insurance Company		Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Wilbur J. Maas, Pfrmm		Date of Receipt	
	Mailing Address PO Box 812		M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 357637266b2a22b4d54
	Hull	IA	51239-0812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Farmers Mutual Insurance Association o		Occupation Secretary/Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) John F. Marazzo		Date of Receipt	
	Mailing Address One Commerce Square 2005 Market Street		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 9049932cc48bd1d25a9
	Philadelphia	PA	19103-7008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Pennsylvania Lumbermens Mutual Insuran		Occupation Director of Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 31 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave.

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 Technical Serv. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.59

Date of Receipt 05 / 04 / 2009
Transaction ID: 343b53539c3df4fc9d

Amount of Each Receipt this Period 38.47

B.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave.

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 Technical Serv. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.59

Date of Receipt 05 / 19 / 2009
Transaction ID: f0a7d8694f376cecaff

Amount of Each Receipt this Period 38.47

C.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave.

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 Technical Serv. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.59

Date of Receipt 06 / 03 / 2009
Transaction ID: d6b2c4b92f97ff372c2

Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► **115.41**

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: PAGE 32 / 64

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave.

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 Technical Serv. Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 461.59

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2009

Transaction ID: e0d495685bb959426ce

Amount of Each Receipt this Period
38.47

B.

Full Name (Last, First, Middle Initial)
Brian S. McLeod

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 Vice President, Secretary & Treasurer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.99

Date of Receipt

M M / D D / Y Y Y Y
05 / 04 / 2009

Transaction ID: b235265cbbc570d6fb1

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Brian S. McLeod

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 Vice President, Secretary & Treasurer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.99

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2009

Transaction ID: 1b7d3fec8aad6533eb7

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)

115.39

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: PAGE 33 / 64
(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. Full Name (Last, First, Middle Initial)
Brian S. McLeod

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: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.99

Date of Receipt: 06 / 03 / 2009
Transaction ID: 63e30facf685ae9a580
 Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Brian S. McLeod

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: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.99

Date of Receipt: 06 / 29 / 2009
Transaction ID: ce3740140da305b1131
 Amount of Each Receipt this Period: 38.46

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

Mailing Address 122 C St NW Ste 540

City State Zip Code
Washington DC 20001-2102

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

Name of Employer: National Association of Mutual Insurance Companies
Occupation: Senior Director - Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 05 / 26 / 2009
Transaction ID: db317bca05f8c23883d
 Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 96.92

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: PAGE 34 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Marliss McManus

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 Director - Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 0a8e4e4725060b233a0

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Marliss McManus

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 Director - Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 6145ca6a96aef80336a

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Kathy McNaughton

Mailing Address 4425 E Lake Goodwin Rd

City Stanwood State WA Zip Code 98292-7732

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: 13050fd92656a494805

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

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 35 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Kevin M. Meskell		Date of Receipt MM / DD / YYYY 06 / 16 / 2009	
Mailing Address 57 Washington Street		Transaction ID: c69755eb43cda95f0a5	
City Quincy	State MA	Zip Code 02169-5303	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Quincy Mutual Fire Insurance Company	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) Tricia A. Mickley, CPA		Date of Receipt MM / DD / YYYY 05 / 04 / 2009	
Mailing Address PO Box 31		Transaction ID: 2adf059087797835fee	
City Mount Carroll	State IL	Zip Code 61053-0031	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mount Carroll Mutual Fire Insurance Co	Occupation Secretary/Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C.

Full Name (Last, First, Middle Initial) David Middleton		Date of Receipt MM / DD / YYYY 06 / 18 / 2009	
Mailing Address PO Box 68700		Transaction ID: 06d4cc07ea8c654b600	
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 Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	1270.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 64
	<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.	Full Name (Last, First, Middle Initial) Stephen H. Miller, Cpcu	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 325 Eastlake Avenue East	Transaction ID: 5ec784e155ce28e72ff
	City State Zip Code Seattle WA 98109-5407	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PEMCO Mutual Insurance Company Vice President & COO Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) David Nawrocki	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 1285 Highway 15 South	Transaction ID: 22b27f04f64d20aaab4
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fairmont Farmers Mutual Insurance Comp Inspector/Adjuster Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Katherine Noiro	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address PO Box 30660	Transaction ID: d83ab82182b490be340
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Auto-Owners Insurance Company Senior Vice President, Personal Lines Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	580.00
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 / 64
	<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.	Full Name (Last, First, Middle Initial) Randy O'Conner		Date of Receipt MM / DD / YYYY 06 / 10 / 2009		
	Mailing Address 1725 Hopley Avenue		Transaction ID: 0cb438bac3ab7c01355		
	City Bucyrus	State OH	Zip Code 44820-3569	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ohio Mutual Insurance Company	Occupation Vice President-Underwriting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Sandra G. Parrillo		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address PO Box 6066		Transaction ID: 5dac4c66033d0ffd86f		
	City Providence	State RI	Zip Code 02940-6066	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Providence Mutual Fire Insurance Compa	Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) David Reddick, Ph.D.		Date of Receipt MM / DD / YYYY 05 / 26 / 2009		
	Mailing Address 3601 Vincennes Road		Transaction ID: 059f569ac0c202f6c25		
	City Indianapolis	State IN	Zip Code 46268-1154	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 Associate Director of Public Policy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

SUBTOTAL of Receipts This Page (optional)	▶	2770.00
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 38 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

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 Associate Director of Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 05 / 2009
Transaction ID: 1954c2fb31170791525

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

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 Associate Director of Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 0cee7db35c2dd33cdf9

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Mary Reinke

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2009
Transaction ID: 6b173f8f602bf572cc5

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► **340.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Janey Repensek

Mailing Address 1460 Wells Street

City State Zip Code
Enumclaw WA 98022-3003

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

Name of Employer: Mutual of Enumclaw Insurance Company
Occupation: Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: 162fd3a736765c0076a
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City State Zip Code
Richmond VA 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 ▼
1200.00

Date of Receipt: 05 / 04 / 2009
Transaction ID: c7ac307e30490a90393
Amount of Each Receipt this Period: 210.00

C.

Full Name (Last, First, Middle Initial)
Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City State Zip Code
Richmond VA 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 ▼
1200.00

Date of Receipt: 06 / 01 / 2009
Transaction ID: 9afa3a438c16e28d40c
Amount of Each Receipt this Period: 210.00

SUBTOTAL of Receipts This Page (optional) ▶ **670.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark O. Roberts, Jr.

Mailing Address PO Box 19267

City Springfield State IL Zip Code 62794-9267

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

Name of Employer Standard Mutual Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2009

Transaction ID: 5d232f4fefbd43eb04a

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Rodney J. Rupp

Mailing Address 6101 Anacabri Boulevard

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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 27 / 2009

Transaction ID: d67c0b0b18a8946bcae

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Rodney J. Rupp

Mailing Address 6101 Anacabri Boulevard

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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 01 / 2009

Transaction ID: 1d019de7b557d458db5

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 64
(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. Full Name (Last, First, Middle Initial)
Rodney J. Rupp

Mailing Address 6101 Anacapri Boulevard

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 3e4b8a34c5e09e0a307

Amount of Each Receipt this Period
50.00

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

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
Auto-Owners Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 3af7d91b6e4d6d351c3

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Richard Schumacher, Pfmm

Mailing Address PO Box 168

City State Zip Code
Hartley IA 51346-0168

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

Name of Employer
Century Mutual Insurance Association

Occupation
President/Treasurer/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	9

Transaction ID: de7e0649904e68661e7

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **330.00**

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 42 / 64
	<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.	Full Name (Last, First, Middle Initial) Thomas J. Shaw	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address PO Box 99	Transaction ID: f3a2635ac7807c1b1f5
	City State Zip Code Liberal MO 64762-0099	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Barton Mutual Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address PO Box 68700	Transaction ID: 2fdfed86f7df63b60ed
	City State Zip Code Indianapolis IN 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 Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

C.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address PO Box 68700	Transaction ID: 43a93c40617504123dd
	City State Zip Code Indianapolis IN 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 Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kristen Sizelove

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 - Member Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 18 / 2009
Transaction ID: 82340b09c35d813a99f
Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Eileen M. Sleutaris

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2009
Transaction ID: 511dc2506fb561ed995
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Pete C. Smythe, Cpcu, Aai,

Mailing Address PO Box 1960

City Auburn State ME Zip Code 04211-1960

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

Name of Employer Patrons Oxford Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2009
Transaction ID: bb53ab7bad8a403182e
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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 44 / 64

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel E. Stone

Mailing Address PO Box 527

City State Zip Code
Indianapolis IN 46206-0527

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

Name of Employer Occupation
Indiana Farmers Mutual In- President/CEO
surance Compa

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: a22381f398c086f9eb9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Marlene Stueven

Mailing Address 1285 Highway 15 South

City State Zip Code
Fairmont MN 56031-4461

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

Name of Employer Occupation
Fairmont Farmers Mutual Office Assistant
Insurance Comp

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: 963c13ac019f90c73c7

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Paul G. Stueven

Mailing Address 1285 Highway 15 South

City State Zip Code
Fairmont MN 56031-4461

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

Name of Employer Occupation
Fairmont Farmers Mutual Manager/Treasurer
Insurance Comp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 87cdac7aac9ccc08ac7

Amount of Each Receipt this Period

2750.00

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tim F. Sullivan, Rplu

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
NAMIC Insurance Company, Inc.

Occupation
Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: 037cf28f8aa18e4fac

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Tim F. Sullivan, Rplu

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
NAMIC Insurance Company, Inc.

Occupation
Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: 67c93b27b8834101a1d

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Tim F. Sullivan, Rplu

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
NAMIC Insurance Company, Inc.

Occupation
Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 03aee6a4503fca43e00

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 46 / 64
	<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.	Full Name (Last, First, Middle Initial) Jeffrey Tagsold		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address PO Box 100045		Transaction ID: 288c6aec16921ce4e05		
	City Duluth	State GA	Zip Code 30096-9345	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation Senior Vice President, Actuarial		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Jeffrey Tagsold		Date of Receipt MM / DD / YYYY 06 / 01 / 2009		
	Mailing Address PO Box 100045		Transaction ID: 757254f0ec6b3a65867		
	City Duluth	State GA	Zip Code 30096-9345	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation Senior Vice President, Actuarial		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey Tagsold		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address PO Box 100045		Transaction ID: 3b633ba80a7ee082573		
	City Duluth	State GA	Zip Code 30096-9345	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation Senior Vice President, Actuarial		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 47 / 64
	<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.	Full Name (Last, First, Middle Initial) Kathleen Tenney	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 1285 Highway 15 South	Transaction ID: 827979abf57ed7006ea
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fairmont Farmers Mutual Underwriter Insurance Comp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address PO Box 68700	Transaction ID: 2facfc80e31e945bd2e
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation National Association of State Affairs Manager/Northeast Region Mutual Insuran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address PO Box 68700	Transaction ID: 88df28f2355808ba53c
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation National Association of State Affairs Manager/Northeast Region Mutual Insuran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	340.00
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 / 64
	<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.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address PO Box 68700	Transaction ID: cb0348c5b1f7d67452c
	City State Zip Code Indianapolis IN 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: State Affairs Manager/Northeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Daniel J. Thelen	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address PO Box 30660	Transaction ID: 8c2f2783f95a084b96e
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Com-pany Occupation: Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address PO Box 68700	Transaction ID: 585386c13b42fb21086
	City State Zip Code Indianapolis IN 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: Director of State Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	70.00
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 49 / 64
	<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.	Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address PO Box 68700		Transaction ID: 761b28f9ebe66a65db0		
	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 Director of State Affairs	Aggregate Year-to-Date 260.00		

B.	Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address PO Box 68700		Transaction ID: d9c2f14edaba0647f33		
	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 Director of State Affairs	Aggregate Year-to-Date 260.00		

C.	Full Name (Last, First, Middle Initial) Bruce D. Thomas, Pfm		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 409 Kenyon Rd		Transaction ID: 294a7e538f34247dd6e		
	City Fort Dodge	State IA	Zip Code 50501-5718	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Mutual Insurance Association	Occupation President/CEO	Aggregate Year-to-Date 600.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Bruce D. Thomas, Pfmm

Mailing Address 409 Kenyon Rd

City State Zip Code
Fort Dodge IA 50501-5718

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

Name of Employer
Heartland Mutual Insurance Association
Occupation
President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 7d8c8c00015bcbb93d5

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Leslie L. Tintzman, Pfmm

Mailing Address 605 Willow Creek Road

City State Zip Code
Corvallis MT 59828-9473

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

Name of Employer
Bitterroot Farm Mutual Insurance, Inc.
Occupation
Manager/Secretary-Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: dc91ccd9ea89848348e

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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 ▼
507.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2009

Transaction ID: 2c3d37fff74187af5db

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional) ► **389.00**

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 51 / 64
	<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.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2009
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: 096645bcee131c0c7b7
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President of Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 507.00	<input type="text"/> 39.00

B.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2009
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: ad5954df896c278d7c5
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President of Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 507.00	<input type="text"/> 39.00

C.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 29 / 2009
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: 6e1f742e74aec3ec71
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President of Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 507.00	<input type="text"/> 39.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 117.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rod Walgrave

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Adjuster/Inspector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2009

Transaction ID: 63fc0e2931dab58462e

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Ian R. Ward

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, Investments and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2009

Transaction ID: c9f8e015a90d696e3d6

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Wayne F. White, CPA, Pfmm

Mailing Address PO Box 860

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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 08 / 2009

Transaction ID: 2052e4432da4eedb98d

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1580.00

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 / 64
	<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.	Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,		Date of Receipt	
	Mailing Address One Mutual Avenue		M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 7ab15c79191a4dabd61
	Frankenmuth	MI	48734	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		39.00		
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00		

B.	Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,		Date of Receipt	
	Mailing Address One Mutual Avenue		M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 4a96783bb4aca40093f
	Frankenmuth	MI	48734	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		39.00		
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00		

C.	Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,		Date of Receipt	
	Mailing Address One Mutual Avenue		M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 62f2c3dbd3b23401c57
	Frankenmuth	MI	48734	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		39.00		
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00		

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: PAGE 54 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) David Wilson		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 1460 Wells Street		Transaction ID: fdae9f1f2d5fb6fd2e4
City Enumclaw	State Zip Code WA 98022-3003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mutual of Enumclaw Insurance Company	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Michael A. Yeager		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1047 W Hamilton St		Transaction ID: 00d26bb433c15c57a8e
City Allentown	State Zip Code PA 18101-1012	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Mutual Insurance Company of Lehigh Cou	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	28719.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 64
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
American Family Mutual Insurance Company Federal Pac (AMFAM PAC)

Mailing Address 6000 American Parkway

City Madison State WI Zip Code 53783

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 27 / 2009
Transaction ID: abb98e4d1b9234da4b0
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Secura Insurance a Mutual Company Pac (SECURA INS PAC)

Mailing Address 2401 South Memorial Drive
PO Box 819

City Appleton State WI Zip Code 54912

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 27 / 2009
Transaction ID: c1e7f8ee189701254e0
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	6000.00

**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

A.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: 80f6ef525731fb013e5
	Mailing Address 8751 N Michigan Road	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Indianapolis State IN Zip Code 46268	Amount of Each Disbursement this Period 42.11
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: ec82c2c741607920f8e
	Mailing Address 8751 N Michigan Road	Date of Disbursement MM / DD / YYYY 05 / 04 / 2009
	City Indianapolis State IN Zip Code 46268	Amount of Each Disbursement this Period 87.87
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: 4a418ad75726696f5f0
	Mailing Address 8751 N Michigan Road	Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
	City Indianapolis State IN Zip Code 46268	Amount of Each Disbursement this Period 169.93
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	299.91
TOTAL This Period (last page this line number only)	299.91

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

A. Full Name (Last, First, Middle Initial) Andre Carson for Congress <hr/> Mailing Address 603 East Washington #100 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Andre Carson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 07	Transaction ID: 5d78edbc1c7b5671e91 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04	Transaction ID: cc67913dde7b1e9bc2a Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Robert F. Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	Transaction ID: bb8dd8dd36b280be394 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Boren for Congress</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Daniel Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 02</p>	<p>Transaction ID: 7731480cddcbfbf8ace Date of Disbursement: 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: c5f737340b446d1da71 Date of Disbursement: 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Demint for Senate Committee Inc</p> <p>Mailing Address PO Box 12425</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jim DeMint</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: c716366466047e3ccee Date of Disbursement: 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Evan Bayh Committee <hr/> Mailing Address 850 Fort Wayne Avenue <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Evan Bayh <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	Transaction ID: 10dfaf7c2b9eae490f6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: e1df13b343aa9184230 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Dennis Ross <hr/> Mailing Address PO Box 7310 <hr/> City Lakeland State FL Zip Code 33807 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Dennis Alan Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 12	Transaction ID: 716e8d1e46a6fc0259c Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen</p> <p>Mailing Address PO Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p>	<p>Transaction ID: 4477faef5590bf09dd7</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Himes for Congress</p> <p>Mailing Address 857 Post Road, #312 Box 456</p> <p>City Fairfield State CT Zip Code 06824</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James A. Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 04</p>	<p>Transaction ID: 5b430a72d9ea477ad48</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Judy Biggert for Congress</p> <p>Mailing Address PO Box 637</p> <p>City Hinsdale State IL Zip Code 60522</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 13</p>	<p>Transaction ID: e8ffa4a929b9957c1d7</p> <p>Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Lance for Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: bab78768cb390e185d7</p> <p>Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress</p> <p>Mailing Address PO Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 56267ab25967605d40a</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Matsui for Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Doris O. Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: e898c014bbc1cf4c2a9</p> <p>Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 64

<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

A. Full Name (Last, First, Middle Initial) McHenry for Congress <hr/> Mailing Address PO Box 1406 <hr/> City State Zip Code Hickory NC 28603 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Patrick Timothy McHenry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 10	Transaction ID: 4cecfb74043f1a49a93 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City State Zip Code Prescott AR 71857 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mike Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04	Transaction ID: 112303e881dd77a96d5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee <hr/> Mailing Address PO Box 54175 <hr/> City State Zip Code Lubbock TX 79453 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Randy Neugebauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 19	Transaction ID: c67d4dcafad86a9575c Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka Ndc Pac	Transaction ID: f6ef7ce4f7300133f0b
	Mailing Address 607 14th Street NW Suite 800	Date of Disbursement MM / DD / YYYY 04 / 29 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2009 Contribution	011 Category/ Type
	Candidate Name New Democrat Coalition Political Action Committee Aka Ndc Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rogers for Congress	Transaction ID: f0f25a78ac4dc092e11
	Mailing Address PO Box 581 Post Office Box 581	Date of Disbursement MM / DD / YYYY 05 / 20 / 2009
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/ Type
	Candidate Name Mike Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: MI District: 08	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Scott Garrett for Congress	Transaction ID: 72e91365b668c216f60
	Mailing Address PO Box 905	Date of Disbursement MM / DD / YYYY 06 / 17 / 2009
	City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/ Type
	Candidate Name E. Scott Garrett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: NJ District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 64 / 64

<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

A. Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson <hr/> Mailing Address PO Box 822 400 Broadway, Suite 501 <hr/> City Cape Girardeau State MO Zip Code 63702 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Jo Ann Emerson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: cd55e528902aec94c85 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Texans for Lamar Smith <hr/> Mailing Address PO Box 6155 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Lamar Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1fbeebd523f3a4cca20 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

36000.00