

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="15730.04"/>	<input type="text" value="15730.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78354.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="42428.50"/>	<input type="text" value="99693.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="120783.30"/>	<input type="text" value="115423.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="62055.66"/>	<input type="text" value="56696.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58727.64"/>	<input type="text" value="58727.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31117.36	64672.02
(ii) Unitemized	9347.16	32840.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40464.52	97512.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1875.00	1875.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42339.52	99387.13
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).....	85.00	298.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.98	8.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42428.50	99693.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42428.50	99693.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	55.66	196.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55.66	196.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	60500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	-4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	62055.66	56696.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62055.66	56696.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42339.52	99387.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42339.52	99387.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55.66	196.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	85.00	298.04
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-29.34	-101.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Mr. Don H. Adams CIC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 571310

City Murray	State UT	Zip Code 84157-1310
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bear River Mutual Insurance Company	Occupation President & CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : A1F41D9CA8C0549EAAF2

Amount of Each Receipt this Period

250.00

B. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

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

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

Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : A11CCB96A42464AE087A

Amount of Each Receipt this Period

30.00

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

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

Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President - State and Poli
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2013

Transaction ID : AB497E10F51CF4281B38

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. John S. Benson
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **692.34**

Date of Receipt **03 / 15 / 2013**
Transaction ID : A65DDDFDF434E49C69F2
Amount of Each Receipt this Period **115.39**

B. Mr. John S. Benson
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **807.73**

Date of Receipt **03 / 29 / 2013**
Transaction ID : AAF4B095C48834C91AE2
Amount of Each Receipt this Period **115.39**

C. Mr. Mike A. Brogan
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111
City Bucyrus State OH Zip Code 44820-0111
FEC ID number of contributing federal political committee. **C**
Name of Employer Ohio Mutual Insurance Company Occupation Vice President of Claims
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 20 / 2013**
Transaction ID : AD31FF2914B424811AD9
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **480.78**
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:	PAGE 9 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Tod J. Carmony CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 3873 Cleveland Rd
 City State Zip Code
 Wooster OH 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wayne Mutual Insurance Company President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A5735D3A1482B459291F
 Amount of Each Receipt this Period
 500.00

B. Ms. Ginny Caro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCF Arizona Vice President of Claims Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : A4E6F2A26733C43389A8
 Amount of Each Receipt this Period
 41.66

c. Ms. Ginny Caro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCF Arizona Vice President of Claims Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : A797E293CCFF4CDD806
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	583.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 06 / 2013
Transaction ID : A79A98790878944A09D2

Amount of Each Receipt this Period 600.00

B. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 03 / 08 / 2013
Transaction ID : A614C8D4A5D38411999E

Amount of Each Receipt this Period 90.00

C. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 03 / 22 / 2013
Transaction ID : AD23A7531291B49B884F

Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

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 11 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Mark Coe

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 IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 03 / 12 / 2013
Transaction ID : A783D9CABAA5F4ECFA66

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. Mr. Mark Coe

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 IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : A74A39C19259E435E938

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
c. Mr. Darwin G. Copeman CPCU

Mailing Address PO Box 468

City State Zip Code
 Neenah WI 54957-0468

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

Name of Employer Occupation
 Jewelers Mutual Insurance Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 754.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : A878ED7F530704530BFF

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 278.00

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 12 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Rick DeGraw		Date of Receipt MM / DD / YYYY 03 / 07 / 2013 Transaction ID : AFB2FD027E5E445BFB2B
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer SCF Arizona	Occupation COO & Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Mr. Rick DeGraw		Date of Receipt MM / DD / YYYY 03 / 21 / 2013 Transaction ID : A5EDA7044762F436B99D
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer SCF Arizona	Occupation COO & Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) c. Mr. Robert Detlefsen PhD		Date of Receipt MM / DD / YYYY 03 / 08 / 2013 Transaction ID : A1A7E921E98234009BD5
Mailing Address PO Box 68700		Amount of Each Receipt this Period 43.48
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.88	

SUBTOTAL of Receipts This Page (optional).....▶	126.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **304.36**

Date of Receipt **03 / 22 / 2013**
Transaction ID : A98CCA99318B64E46A0F
 Amount of Each Receipt this Period **43.48**

B. Mr. Robert Dodds
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 900
 City Lititz State PA Zip Code 17543-7007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lititz Mutual Insurance Company Occupation Vice President, Legal & Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 20 / 2013**
Transaction ID : A923454827EFF4358852
 Amount of Each Receipt this Period **250.00**

C. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 01 / 2013**
Transaction ID : AEAD76CF8D6A04DE898D
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **368.48**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **03 / 01 / 2013**

Transaction ID : AB386CFADEDAE4646A7E

Amount of Each Receipt this Period **77.00**

B. Mr. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **03 / 15 / 2013**

Transaction ID : AB7FE96CB6E1D4408ABC

Amount of Each Receipt this Period **77.00**

c. Mr. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **539.00**

Date of Receipt **03 / 29 / 2013**

Transaction ID : A2BD312F1586843C08A8

Amount of Each Receipt this Period **77.00**

SUBTOTAL of Receipts This Page (optional)..... **231.00**

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 16 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2013
Transaction ID : AB9F9E0369A4D4AEF9B3

Amount of Each Receipt this Period 100.00

B. Mr. Andrew M. Eriksen
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 29 / 2013
Transaction ID : AC98EDB0466A1452AC8

Amount of Each Receipt this Period 100.00

C. Mr. Douglas P. Fincannon
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 717

City Graham State NC Zip Code 27253-0717

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

Name of Employer Alamance Farmers' Mutual Insurance Com Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2013
Transaction ID : A64374C6F131B486CA75

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Stephen Fine
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2013
Transaction ID : A8AD05080396B47538D2

Amount of Each Receipt this Period 500.00

B. Ms. Gayle Fisher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 29 / 2013
Transaction ID : AF1BD29C3A4D642F3B8D

Amount of Each Receipt this Period 60.00

C. Mr. James F. Gerrity III
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2013
Transaction ID : AF9123A71FAD2461FAF1

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1060.00

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 18 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Henry H. Gibbel

Mailing Address PO Box 900

City Lititz State PA Zip Code 17543-7007

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

Name of Employer Lititz Mutual Insurance Company Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2013

Transaction ID : AC734368799FD44E8A1A

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
B. Mr. Henry R. Gibbel

Mailing Address PO Box 900

City Lititz State PA Zip Code 17543-7007

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

Name of Employer Lititz Mutual Insurance Company Occupation President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2013

Transaction ID : A090E52EDC2B5430D9AE

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
C. John R. Gibbel

Mailing Address PO Box 16

City Lititz State PA Zip Code 17543-0016

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

Name of Employer Lititz Mutual Insurance Company Occupation Secretary, VP & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2013

Transaction ID : AED1B42E866914F8E8B3

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Bryan Gilleland			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2013 Transaction ID : A83C49ABCD004451B9B8
Mailing Address One Mutual Avenue			Amount of Each Receipt this Period 38.47
City Frankenmuth	State MI	Zip Code 48787-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 230.82
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) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Bryan Gilleland			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2013 Transaction ID : A5C558B1A291C4E1BBBD
Mailing Address One Mutual Avenue			Amount of Each Receipt this Period 38.47
City Frankenmuth	State MI	Zip Code 48787-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 269.29
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) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Jimi Grande			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2013 Transaction ID : A30439E76F5074DDD9F4
Mailing Address 122 C St NW Ste 540			Amount of Each Receipt this Period 113.64
City Washington	State DC	Zip Code 20001-2102	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 226.54
Name of Employer National Association of Mutual Insuran		Occupation Senior Vice President-Federal and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	190.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Federal and Poli
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Transaction ID : A505AE4DAB797449FA8E

Amount of Each Receipt this Period

113.64

B. Mr. Stuart C. Henderson JD, CPCU
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : A1995C51C21EF4D389ED

Amount of Each Receipt this Period

2500.00

C. Mr. Steven J. Holsinger
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 900

City Lititz	State PA	Zip Code 17543-7007
----------------	-------------	------------------------

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

Name of Employer Lititz Mutual Insurance Company	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2013

Transaction ID : A1A20B00D2EF54B88B59

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....	2863.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **384.65**

Date of Receipt **03 / 01 / 2013**

Transaction ID : ADCAC2AEFAD1F42179E3

Amount of Each Receipt this Period **76.93**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **461.58**

Date of Receipt **03 / 15 / 2013**

Transaction ID : AFCED687829D148899B8

Amount of Each Receipt this Period **76.93**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **538.51**

Date of Receipt **03 / 29 / 2013**

Transaction ID : AA09854052BD247D2AC8

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 22 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Rick Jones		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AADB56FDB4A2A482D85E
Name of Employer SCF Arizona		Amount of Each Receipt this Period
Occupation EVP - Chief Sales & Business Developme		<input type="text" value="45.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Rick Jones		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AD9C7F1B14A884227B96
Name of Employer SCF Arizona		Amount of Each Receipt this Period
Occupation EVP - Chief Sales & Business Developme		<input type="text" value="45.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) c. Mr. James J. Kennedy CPCU, LUTC		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AA6D916D44A814507910
Name of Employer Ohio Mutual Insurance Company		Amount of Each Receipt this Period
Occupation President & CEO		<input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2590.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Daniel A. Keyes

Mailing Address PO Box 974

City Madison State WI Zip Code 53701-0974

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

Name of Employer Wisconsin Mutual Insurance Company Occupation President & Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2013

Transaction ID : A8D72D09219124F3DB95

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Kraig T. Klopfenstein

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2013

Transaction ID : A95B9D4D0665741819FA

Amount of Each Receipt this Period 75.00

Full Name (Last, First, Middle Initial)
c. Mr. Kraig T. Klopfenstein

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2013

Transaction ID : AEB271076778B4B68956

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Andrew Knudsen
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 29 / 2013
Transaction ID : A42AED24C0B604C34AA1
Amount of Each Receipt this Period 38.00

B. Mr. Steven D. Linkous
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3544
FEC ID number of contributing federal political committee. **C**
Name of Employer Harford Mutual Insurance Company Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 03 / 22 / 2013
Transaction ID : AB4283187171A495DA81
Amount of Each Receipt this Period 209.00

C. Mr. Scott A. Lutz
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 900
City Lititz State PA Zip Code 17543-7007
FEC ID number of contributing federal political committee. **C**
Name of Employer Lititz Mutual Insurance Company Occupation Claims Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2013
Transaction ID : ADC78643C851F417BAD2
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 497.00
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 25 OF 54
	<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. Sammy Mah
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2227

City Fort Wayne State IN Zip Code 46801-2227

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

Name of Employer Brotherhood Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2013
Transaction ID : AF3B0D5092F6B4FD1A9D

Amount of Each Receipt this Period 250.00

B. Ms. Diane Marshall
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2013
Transaction ID : A4A6EEDF2AE3D4727B1F

Amount of Each Receipt this Period 100.00

C. Ms. Diane Marshall
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 29 / 2013
Transaction ID : AC5740444D62045389FD

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Phil McCain
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 15 / 2013**

Transaction ID : AFC8D1181D2BA4FF1808

Amount of Each Receipt this Period **38.47**

B. Mr. Phil McCain
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **269.29**

Date of Receipt **03 / 29 / 2013**

Transaction ID : A84825619669F4815A5F

Amount of Each Receipt this Period **38.47**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt **03 / 15 / 2013**

Transaction ID : A103018F4ACE34BBE8F0

Amount of Each Receipt this Period **38.50**

SUBTOTAL of Receipts This Page (optional)..... **115.44**

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 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : A8E648B0D34C74A0FABC
 Amount of Each Receipt this Period
 38.50

B. Ms. Carol McMullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : A143D1377FF1D4BBDA36
 Amount of Each Receipt this Period
 500.00

C. Ms. Tricia A. Mickley CPA, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 31
 City Mount Carroll State IL Zip Code 61053-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Carroll Mutual Fire Insurance Co Occupation Secretary/Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A98D54FA7133A4E03B5D
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1538.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 54
(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. Mr. David Middleton
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : AD366027201D54B02B87

Amount of Each Receipt this Period
 40.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : A3243B743DDD9473ABA0

Amount of Each Receipt this Period
 40.00

C. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)
Mailing Address 1725 Hopley Ave

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

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

Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : ADEADA305A9444F32A85

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Hopley Ave

City Bucyrus State OH Zip Code 44820-3569

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

Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 25 / 2013
Transaction ID : AA5B7B92403BD41C2A12

Amount of Each Receipt this Period 40.00

B. Ms. Karlyn T. Myers
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Corporate Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 12 / 2013
Transaction ID : AC545D0A6526645DCB95

Amount of Each Receipt this Period 80.00

C. Mr. Eric Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2013
Transaction ID : AB8CF7779857B40F581A

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00

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 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Glenn E. Niinimaki
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : AD9B76F6160834FA5A07
 Amount of Each Receipt this Period
 1000.00

B. Mr. Randy O'Conner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Executive Vice President-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : A1C9CBDD92A8541E2BE9
 Amount of Each Receipt this Period
 250.00

C. Mr. Gregory Petrini
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : A29F91D6FF18E48B2B52
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 31 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Susan Porter
Full Name (Last, First, Middle Initial)
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	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2013

Transaction ID : AADFC55F467F54FA3A00

Amount of Each Receipt this Period
250.00

B. Mr. Richard D. Rasmussen
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 31

City	State	Zip Code
Harlan	IA	51537-0031

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

Name of Employer	Occupation
Shelby County Farmers Mutual Insurance	Secretary/Treasurer/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : ABA1B140477E145A0A33

Amount of Each Receipt this Period
250.00

C. Mr. Jonathan R. Riekse
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

Name of Employer	Occupation
Auto-Owners Insurance Company	Senior Vice President, Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

Transaction ID : A1491BE56F12B470FB3F

Amount of Each Receipt this Period
80.00

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 32 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jonathan R. Riekse
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Senior Vice President, Personal Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : AC79163F0761542289F
 Amount of Each Receipt this Period
 80.00

B. Mr. Michael T. Rivard
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City State Zip Code
 Dedham MA 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : A0CF3411763CE4DF29BC
 Amount of Each Receipt this Period
 500.00

c. Mr. L. Gerald Roach CPCU, FLMI
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Mutual Assurance Society of Virginia President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : A8AEE77BC2EFB464FAD7
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	830.00
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 33 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. L. Gerald Roach CPCU, FLMI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230-0927
------------------	-------------	------------------------

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

Name of Employer Mutual Assurance Society of Virginia	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : A2F61C85A95324268942

Amount of Each Receipt this Period
 250.00

B. Mr. Larry D. Sauder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 900

City Lititz	State PA	Zip Code 17543-7007
----------------	-------------	------------------------

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

Name of Employer Lititz Mutual Insurance Company	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2013
Transaction ID : AF642756979D14C25929

Amount of Each Receipt this Period
 250.00

c. Mr. Kurt H. Seelbach CPA, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Eisenhower Rd

City Leavenworth	State KS	Zip Code 66048-1190
---------------------	-------------	------------------------

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

Name of Employer Armed Forces Insurance Exchange	Occupation President & CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : A1266A58D7E52470FAFD

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 34 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2013
Transaction ID : A2BE52A1B47054AADB6C

Amount of Each Receipt this Period
 250.00

B. Mr. Richard Sims
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31

City	State	Zip Code
Little Rock	AR	72203-0031

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

Name of Employer	Occupation
Farm Bureau Mutual Insurance Company o	Underwriting Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : ADFC4565264AF4DEFAE1

Amount of Each Receipt this Period
 500.00

C. Mr. Steven C. Sliver CPA
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 577

City	State	Zip Code
Huntingdon	PA	16652-0577

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

Name of Employer	Occupation
Mutual Benefit Insurance Company	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : A76F6016EF3684342AC0

Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
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 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCF Arizona Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 07 / 2013
Transaction ID : A0C38A0E5093D4FC0BFC
 Amount of Each Receipt this Period 105.00

B. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCF Arizona Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 21 / 2013
Transaction ID : A87A43C021A75479BA95
 Amount of Each Receipt this Period 105.00

c. Mr. Mark Splinter CPCU, ARE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 269
 City Wausau State WI Zip Code 54402-0269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Wausau Insurance Corporation Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2013
Transaction ID : AADA4F38528B6495A99D
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 460.00
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 36 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : A07956E46785A4C12A9F
 Amount of Each Receipt this Period
 96.15

B. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : A4CA42A1493FF4B76BCD
 Amount of Each Receipt this Period
 96.15

c. Mr. Christopher P. Taft CPA, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : A9352120570B54DB188A
 Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	3192.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 54
(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. Ms. Susan K. Taggart PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68
 City Remington State IN Zip Code 47977-0068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Remington Farmers Mutual Insurance Com Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2013
Transaction ID : A8A31C7759BEB45B6954
 Amount of Each Receipt this Period 250.00

B. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 01 / 2013
Transaction ID : A20354F49DF4545BE80A
 Amount of Each Receipt this Period 85.00

C. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 03 / 29 / 2013
Transaction ID : ADDA4EC848BE44906A25
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
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 38 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2013

Transaction ID : A1A1FC8BC39CB4C77816

Amount of Each Receipt this Period
40.00

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

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

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

Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

Transaction ID : AA4360FD7F5D94F2F9CE

Amount of Each Receipt this Period
40.00

C. Mr. Bruce D. Thomas PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511-0594
----------------	-------------	------------------------

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

Name of Employer Heartland Mutual Insurance Association	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : ABC29CF23DC174BDE907

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 39 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Randall Trinklein			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A869114AF064C4E1EA37
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="39.00"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Vice President of Administration		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Randall Trinklein			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A9BF9716A8B01448E8D8
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="39.00"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Vice President of Administration		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="273.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Aaron J. Valentine			Date of Receipt
Mailing Address 1 Preferred Way			<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A5B35680117C048EB9CC
New Berlin	NY	13411-1896	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
Preferred Mutual Insurance Company	Senior Vice President, Treasurer & CFO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="138.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Terry H. Wendorff CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7988
 City Madison State WI Zip Code 53707-7988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wisconsin Reinsurance Corporation Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : AE2164796B7D2493D884
 Amount of Each Receipt this Period
 1000.00

B. Ms. Beth Wengerd
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : AB604EA635D2944B2A2B
 Amount of Each Receipt this Period
 250.00

C. Mr. Mark Wenger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President and Chief P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : A49EF2CB51F414E8187E
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	1334.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Mark Wenger
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President and Chief P&C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **03 / 29 / 2013**

Transaction ID : A7EA7E8F0B89740BD9BA

Amount of Each Receipt this Period **84.00**

B. Mr. Wayne F. White CPA, PFMM
Full Name (Last, First, Middle Initial)

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 ▼ **1250.00**

Date of Receipt **03 / 27 / 2013**

Transaction ID : A0A20150E06B941BB80F

Amount of Each Receipt this Period **1250.00**

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

Mailing Address 6101 Anacapi Blvd

City Lansing State MI Zip Code 48917-3968

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **03 / 01 / 2013**

Transaction ID : A6BE88163884D43989B8

Amount of Each Receipt this Period **84.00**

SUBTOTAL of Receipts This Page (optional)..... **1418.00**

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 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. William Woodbury			Date of Receipt 03 / 29 / 2013 Transaction ID : A63E30865CB8745FD8D4
Mailing Address 6101 Anacapri Blvd			Amount of Each Receipt this Period 84.00
City Lansing	State MI	Zip Code 48917-3968	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 336.00
Name of Employer Auto-Owners Insurance Company		Occupation SVP, Assoc. Secretary & Assoc. General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey S. Wrobel SR, CPCU,			Date of Receipt 03 / 01 / 2013 Transaction ID : A6F03F7A49F5340C2872
Mailing Address PO Box 6927			Amount of Each Receipt this Period 42.00
City Richmond	State VA	Zip Code 23230-0927	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 338.00
Name of Employer Mutual Assurance Society of Virginia		Occupation EVP, IT & Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Jeffrey S. Wrobel SR, CPCU,			Date of Receipt 03 / 29 / 2013 Transaction ID : A94D8D57865DE460D841
Mailing Address PO Box 6927			Amount of Each Receipt this Period 42.00
City Richmond	State VA	Zip Code 23230-0927	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 380.00
Name of Employer Mutual Assurance Society of Virginia		Occupation EVP, IT & Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	168.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Jerry G. Zenke PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City Houston State MN Zip Code 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mound Prairie Mutual Insurance Company Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : A4319B91C556142AB8E6
 Amount of Each Receipt this Period
 1000.00

B. Mr. Steven R. Zoss
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 276
 City Canton State SD Zip Code 57013-0276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farm Mutual Insurance Company of Linco Occupation Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : A435DD2F43E7245668A3
 Amount of Each Receipt this Period
 250.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	31117.36

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

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

FOR LINE NUMBER: PAGE 44 OF 54
(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. Nationwide Mutual Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address One Nationwide Plaza
1-32-301

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2013

Transaction ID : AB358D656DCF44D249E6

Amount of Each Receipt this Period
1875.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	1875.00

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

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

FOR LINE NUMBER: PAGE 45 OF 54
(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. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 298.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : AA0D7FOCCEDF346839E6
 Amount of Each Receipt this Period
 85.00
 Reimb. of bank fees

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	85.00

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
2014 Primary

Candidate Name

Garland Andy Barr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : **BB42DB1925E94442DA43**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Blaine for Congress 2014

Mailing Address PO Box 125

City Holts Summit State MO Zip Code 65043-0125

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 09

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : **B9A8DDB104FCF4ED5B17**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Diane Lynn Black

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : **B40D20C6C220D441ABB7**

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR GREGORY MEEKS

Mailing Address 153-01 JAMAICA AVE. SUITE 535

City JAMAICA State NY Zip Code 11432

Purpose of Disbursement
2014 Primary

Candidate Name
Rep. Gregory W. Meeks

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Transaction ID : B01D207CE4A9942DEA67

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 LINDEN ROAD

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
2014 Primary

Candidate Name
Rep. Carolyn Mccarthy

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Transaction ID : B9F69D8DE0AB84B9AAB1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201-0230

Purpose of Disbursement
Primary 2014 Contribution

Candidate Name
Rep. Daniel B. Maffei

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : B84F39243F60143B6AFC

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dennis Ross

Mailing Address PO Box 7310

City State Zip Code
Lakeland FL 33807

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Dennis A. Ross

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	3

Transaction ID : B787979BA85D44E71AD8

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	3

Transaction ID : B9063F70794C84CC395B

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	3

Transaction ID : BAB51A69CDBAF4A849E1

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2018 Primary

Candidate Name

Sen. Sherrod C. Brown

Office Sought: House Senate President

State: OH District:

Disbursement For: 2018 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : BA5A45A055BD540669FC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hagan for US Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
2014 Primary

Candidate Name

Sen. Kay R. Hagan

Office Sought: House Senate President

State: NC District:

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : B9FA653B2658D4D45BC7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
2018 Primary

Candidate Name

Heidi Heitkamp

Office Sought: House Senate President

State: ND District:

Disbursement For: 2018 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : BD864BD5434304CB0B5B

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

Full Name (Last, First, Middle Initial)

A. Kenny Marchant for Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Kenny E. Marchant

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : BD699DC562FD345608EF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : BA8FF22EC342A4DD3983

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Ron J. Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : B7D0479EBE382490FAFE

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2014 Primary

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9		2	0	1	3		

Transaction ID : **BA998835C8EFA4138858**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
2013 Other Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District: Other2013

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9		2	0	1	3		

Transaction ID : **BC0C8797C07C14D11A15**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Randy Neugebauer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9		2	0	1	3		

Transaction ID : **B9B3C7B9D1FA14F6989D**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	0	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition Political Action Committee Aka Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2013 Other Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : B93383B339E2A47B7887

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Palazzo for Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement
Primary 2014 Contribution

Candidate Name

Rep. Steven M. Palazzo

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: MS District: 04

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : B933429FF3E124354A1D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Randy Hultgren for Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Randy M. Hultgren

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : B584C6D610FBE4675A7B

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Steve Fincher for Congress

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Stephen L. Fincher

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Transaction ID : BBFE568AB2D7F4927934

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
2014 Primary

Candidate Name

Rep. Terri A. Sewell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Transaction ID : B7F11DBBAB45C400F8F7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

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

3000.00

61000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kasich for Ohio

Mailing Address 211 South Fifth Street

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : B14B4A20FDA2A40BF9E7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00