

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

NAMIC PAC

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00170258

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Gregg Dykstra

Signature of Treasurer Electronically Filed by Gregg Dykstra Date 10 15 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		172208.42
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	133866.75									
(c) Total Receipts (from Line 19) .....	47034.69	162909.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	180901.44	335117.74								
7. Total Disbursements (from Line 31) .....	148042.08	302258.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32859.36	32859.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	30371.03	98477.91
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9663.66	34931.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	40034.69	133409.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7000.00	29500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	47034.69	162909.32
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47034.69	162909.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47034.69	162909.32

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	292.08	933.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	292.08	933.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	145500.00	299000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1250.00	1250.00
(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)) .....	1250.00	1250.00
29. Other Disbursements.....	1000.00	1075.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	148042.08	302258.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148042.08	302258.38

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	47034.69	162909.32
34. Total Contribution Refunds (from Line 28(d)) .....	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45784.69	161659.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	292.08	933.38
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	292.08	933.38

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address Box 68700	<b>Transaction ID:</b> d179e97583e86067c56
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt MM / DD / YYYY 07 / 18 / 2008
	Mailing Address Box 68700	<b>Transaction ID:</b> a2ea3c64e8e6ef9a2fb
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address Box 68700	<b>Transaction ID:</b> 7db1a9ada17d4ff677d
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt
	Mailing Address Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: 65a0219c21e11cd7c56
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer National Association of Mutual Insuran		Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt
	Mailing Address Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: 60bcaa200e7a4f05ae0
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer National Association of Mutual Insuran		Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt
	Mailing Address Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: 593710c8bf50a4bfc42
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer National Association of Mutual Insuran		Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 8 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt	
	Mailing Address Box 68700		M M / D D / Y Y Y Y 09 / 26 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 47d81779f5fa2c14c15
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.00	
Name of Employer National Association of Mutual Insuran		Occupation Vice President of State and Regulatory		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt	
	Mailing Address PO Box 68700		M M / D D / Y Y Y Y 07 / 07 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 72e4d3ac8f080ae4ede
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt	
	Mailing Address PO Box 68700		M M / D D / Y Y Y Y 07 / 18 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> ca640627b3f04f799f2
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.00
<b>TOTAL</b> 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 / 102
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	<b>Transaction ID:</b> 2fc18f3248b7468183a
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	<b>Transaction ID:</b> 61deac2b5b04ea141b5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	<b>Transaction ID:</b> ff08ac7c6bb24f65aae
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 102
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	<b>Transaction ID:</b> 548223e0b81035a62ab
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	<b>Transaction ID:</b> e3b86c1cb002444969d
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Herman J. Arends		Date of Receipt
	Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auto-Owners Insurance Com-pany		Occupation Chairman	<b>Transaction ID:</b> 0546dd846b058ff4596
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="540.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 102  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
W. Kim Austen

Mailing Address PO Box 974

City State Zip Code  
Des Moines IA 50306-0974

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

Name of Employer ALLIED Property and Casualty Insurance  
Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

**Transaction ID:** d58cedee89f5312921b

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 400

City State Zip Code  
Branchville NJ 07826-0400

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

Name of Employer Franklin Mutual Insurance Company  
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
0	9	/	0	3	/	2	0	0	8

**Transaction ID:** 5777442f2a00ec2de1b

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
James Baes

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

**Transaction ID:** 764ebfe8ae5fb986ddf

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> d9d9374b5d8774f7ac9
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2192.41	

<b>B.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 59feb7b34bff2b4c274
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2192.41	

<b>C.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> a246ea609985fbcfb32
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2192.41	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.17</b>
<b>TOTAL</b> 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 13 / 102  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer: Frankenmuth Mutual Insurance Company  
Occupation: President & COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt: 08 / 13 / 2008  
**Transaction ID:** f33229e27184aa2085a  
 Amount of Each Receipt this Period: 115.39

**B.** Full Name (Last, First, Middle Initial)  
John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer: Frankenmuth Mutual Insurance Company  
Occupation: President & COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt: 08 / 25 / 2008  
**Transaction ID:** b301fe52fce5f12f41e  
 Amount of Each Receipt this Period: 115.39

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer: Frankenmuth Mutual Insurance Company  
Occupation: President & COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt: 09 / 08 / 2008  
**Transaction ID:** 97ff6fece8d54295831  
 Amount of Each Receipt this Period: 115.39

**SUBTOTAL** of Receipts This Page (optional) ..... ► **346.17**

**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 14 / 102  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer: Frankenmuth Mutual Insurance Company  
Occupation: President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2008  
**Transaction ID:** 90de5d57ebc0836cfcb  
 Amount of Each Receipt this Period: 115.39

**B.** Full Name (Last, First, Middle Initial)  
Gary W. Black

Mailing Address 1818 East 9th Street

City State Zip Code  
Trenton MO 64683-2644

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

Name of Employer: Farmers Mutual Insurance Company of Gr  
Occupation: General Manager/Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2008  
**Transaction ID:** f4be96271d3e4069b5d  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Marsha Brown

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

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

Name of Employer: National Association of Mutual Insuran  
Occupation: Regulatory Affairs Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 18 / 2008  
**Transaction ID:** d2fad6e372edd1101fc  
 Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **377.89**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marsha Brown

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 Regulatory Affairs Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 08 / 29 / 2008

**Transaction ID:** 3abbe0b6f0230d34886

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
Marsha Brown

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 Regulatory Affairs Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 09 / 12 / 2008

**Transaction ID:** 1ba393d8667c044437e

Amount of Each Receipt this Period 12.50

**C.**

Full Name (Last, First, Middle Initial)  
Marsha Brown

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 Regulatory Affairs Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 09 / 26 / 2008

**Transaction ID:** 809ec9100c00b370a23

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.50**

**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 16 / 102
	(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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Thaddeus J. Buda		Date of Receipt MM / DD / YYYY 08 / 20 / 2008		
	Mailing Address PO Box 30660		<b>Transaction ID:</b> c2491318e3fb66e0ad8		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Burmeister		Date of Receipt MM / DD / YYYY 07 / 14 / 2008		
	Mailing Address 1285 Highway 15 South		<b>Transaction ID:</b> d250d5cdddf0194e9cc		
	City Fairmont	State MN	Zip Code 56031-4461	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fairmont Farmers Mutual Insurance Comp		Occupation Office Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary J. Capone		Date of Receipt MM / DD / YYYY 09 / 03 / 2008		
	Mailing Address PO Box 400		<b>Transaction ID:</b> 93fb067c450be361eab		
	City Branchville	State NJ	Zip Code 07826-0400	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Franklin Mutual Insurance Company		Occupation Vice President, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 17 / 102  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jay W. Chadwick

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2008

Mailing Address PO Box 7

Transaction ID: 2a912eac0bb317dc407

City State Zip Code  
Wyalusing PA 18853-0007

Amount of Each Receipt this Period  
250.00

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

Name of Employer Occupation  
Tuscarora Wayne Mutual Insurance Compa President/CEO

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

**B.**

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

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2008

Mailing Address PO Box 68700

Transaction ID: 3ae0e032e5d708cdc38

City State Zip Code  
Indianapolis IN 46268-0700

Amount of Each Receipt this Period  
90.00

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1755.00

**C.**

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

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2008

Mailing Address PO Box 68700

Transaction ID: 6db251169fa5ce19173

City State Zip Code  
Indianapolis IN 46268-0700

Amount of Each Receipt this Period  
90.00

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1755.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

**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: <span style="float: right;">PAGE 18 / 102</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 0ae588d3200b2d86c16
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1755.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 1135e6974a9c5a1e9b1
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1755.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 105f134809c6d61d1db
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1755.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> 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 19 / 102  
(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)  
NAMIC PAC

**A.**

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

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 ▼ 1755.00

Date of Receipt 09 / 12 / 2008

Transaction ID: 2a21e36d704c5a7c6fe

Amount of Each Receipt this Period 90.00

**B.**

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

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 ▼ 1755.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 0839101bc3269bff22c

Amount of Each Receipt this Period 90.00

**C.**

Full Name (Last, First, Middle Initial)  
Denis Cole

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2008

Transaction ID: f5b86dc92eee1469638

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

**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 20 / 102  
(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Gregg Cornell

Mailing Address 6101 Anacapri Boulevard

City State Zip Code  
Lansing MI 48917-3968

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

Name of Employer  
Auto-Owners Insurance Company  
Occupation  
Senior Vice President and Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2008

Transaction ID: c61f32f683f0c524b01

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Detlefsen

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

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

Name of Employer  
National Association of Mutual Insuran  
Occupation  
Vice President - Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2008

Transaction ID: b0e698540e3f79663d4

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Detlefsen

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

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

Name of Employer  
National Association of Mutual Insuran  
Occupation  
Vice President - Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2008

Transaction ID: cd6fc2839a3cc32f80a

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **540.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 102  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Detlefsen

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 ▼ 400.00

Date of Receipt 08 / 01 / 2008

Transaction ID: de097164da3b4b91fea

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Detlefsen

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 ▼ 400.00

Date of Receipt 08 / 18 / 2008

Transaction ID: 7d17a894f58a046ebc3

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Detlefsen

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 ▼ 400.00

Date of Receipt 08 / 29 / 2008

Transaction ID: b095931d010c967495b

Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 102  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Detlefsen

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 ▼ 400.00

Date of Receipt 09 / 12 / 2008

Transaction ID: 6f930c455028b0e78e2

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Detlefsen

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 ▼ 400.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 58b6940cee0f0e67dee

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Martin Dietrich

Mailing Address One 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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2008

Transaction ID: 160cb06373994b26e72

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Martin Doto		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
Mailing Address One Preferred Way		Transaction ID: 05bf327ac23ae0a18c0
City	State Zip Code	
New Berlin	NY 13411-1800	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Preferred Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Stephen Duffo		Date of Receipt MM / DD / YYYY 08 / 18 / 2008
Mailing Address PO Box 6540		Transaction ID: b3d0d33f6eee2b655db
City	State Zip Code	
Watertown	NY 13601-6540	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer North Country Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

**C.**

Full Name (Last, First, Middle Initial) Gregg A. Dykstra		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address PO Box 68700		Transaction ID: 77a6428b937a9f57726
City	State Zip Code	
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Internal Operati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1270.00
<b>TOTAL</b> 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 24 / 102  
(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)  
NAMIC PAC

**A.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2008

Transaction ID: 3f9192567aec75c28bf

Amount of Each Receipt this Period 20.00

**B.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 01 / 2008

Transaction ID: ffc7da3630fff21d2d0

Amount of Each Receipt this Period 20.00

**C.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 18 / 2008

Transaction ID: c5f1c662a217b8c009a

Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 102  
(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)  
NAMIC PAC

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

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

Date of Receipt 08 / 29 / 2008  
Transaction ID: d4bfd0baa7b7a290b1d  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Gregg A. Dykstra

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

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

Date of Receipt 09 / 12 / 2008  
Transaction ID: 9767606c0b18dff1b0  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Gregg A. Dykstra

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

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

Date of Receipt 09 / 26 / 2008  
Transaction ID: 852091a65853e0c88b5  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Fred A. Edmond		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> be76326a7602fa8d253
City Frankenmuth	State MI	Zip Code 48734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.38	

**B.**

Full Name (Last, First, Middle Initial) Fred A. Edmond		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 7b07ed0d443827623c5
City Frankenmuth	State MI	Zip Code 48734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.38	

**C.**

Full Name (Last, First, Middle Initial) Fred A. Edmond		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 3879097750754675348
City Frankenmuth	State MI	Zip Code 48734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 27 / 102</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Fred A. Edmond	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 7a8cc29927e60e7ac77
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.38

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred A. Edmond	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> bd767a4dd930344537e
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.38

<b>C.</b>	Full Name (Last, First, Middle Initial) Fred A. Edmond	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 5190981628f04ab2ea8
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.38

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>117.00</b>
<b>TOTAL</b> 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 / 102  
(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)  
NAMIC PAC

**A.**

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

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2008

Mailing Address One Mutual Avenue

Transaction ID: 00addca82457f827499

City State Zip Code  
Frankenmuth MI 48734

Amount of Each Receipt this Period  
39.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 739.38

**B.**

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

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2008

Mailing Address 24 1st Avenue East Suite E

Transaction ID: 3aed6584f852037b64d

City State Zip Code  
Kalispell MT 59901-4517

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Flathead Farm Mutual Insurance Company General Manager

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

**C.**

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

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

Mailing Address One Preferred Way

Transaction ID: bdee9fae645412e57b1

City State Zip Code  
New Berlin NY 13411-1800

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Preferred Mutual Insurance Company Director

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **789.00**

**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: <span style="float: right;">PAGE 29 / 102</span>
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Ferris	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 2401 South Memorial Drive	<b>Transaction ID:</b> Offb659a6a830dd94b1
	City State Zip Code Appleton WI 54915-1429	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SECURA Insurance, A Mutual Company Occupation VP & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eileen Fhaner	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 6101 Anacapi Boulevard	<b>Transaction ID:</b> 8306675f7fa4db40876
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Treasurer & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gayle Fisher	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address PO Box 30660	<b>Transaction ID:</b> 39e901b89b28e976917
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 647.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1110.00
<b>TOTAL</b> 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 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert A. Fitzsimmons	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address PO Box 84	<b>Transaction ID:</b> dd85017f8c08385dca7
	City State Zip Code Marble PA 16334-0084	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Farmers Mutual Fire Insurance Company Occupation President - CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kurt P. Foley	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 1510 North Elms Road	<b>Transaction ID:</b> 7b67d1dd3a442414026
	City State Zip Code Flint MI 48532-2033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pioneer State Mutual Insurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gordon H. Gingrich	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 1510 North Elms Road	<b>Transaction ID:</b> 3aceb9df173b890da96
	City State Zip Code Flint MI 48532-2033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pioneer State Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) George H. Guptill		Date of Receipt
	Mailing Address PO Box 400		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Branchville	NJ	07826-0400
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Franklin Mutual Insurance Company		Occupation Chairman	<b>Transaction ID:</b> dc6c74db0bd15283571
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) David Hendrix		Date of Receipt
	Mailing Address PO Box 111		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bucyrus	OH	44820-0111
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ohio Mutual Insurance Company		Occupation Controller	<b>Transaction ID:</b> 59718f49eeef9f6afc3
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frankenmuth	MI	48787-0001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Senior Vice President	<b>Transaction ID:</b> b513eb6cff7a430c949
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1461.67"/>	<input type="text" value="76.93"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="826.93"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 102  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

**Transaction ID:** 28aa1da4dc5dfef8de1

Amount of Each Receipt this Period  
76.93

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2008

**Transaction ID:** d85cf14a1aa63ea612d

Amount of Each Receipt this Period  
76.93

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

**Transaction ID:** a76435a9be1d4de987a

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 33 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 08 / 25 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 714ea328974420073a4		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 76.93	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 1461.67		

<b>B.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 09 / 08 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> b29d44b1221fb39478f		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 76.93	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 1461.67		

<b>C.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 09 / 22 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> f08762ec396a97cd7c7		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 76.93	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 1461.67		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 102
	(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Judy S. Jackson

Mailing Address PO Box 40

City Norwich State CT Zip Code 06360-0040

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

Name of Employer New London County Mutual Insurance Com Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 10 / 2008  
**Transaction ID:** bbe44906725d07bfc26  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 01 / 2008  
**Transaction ID:** 60e5d010e387468de0a  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Lee A. Janis

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 22 / 2008  
**Transaction ID:** b0e6a54ea4728970f89  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 / 102  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jo Ann M. Kuschel

Mailing Address 545 Harold Meyer Drive

City State Zip Code  
New Haven MO 63068-1253

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

Name of Employer Boeuf & Berger Mutual Insurance Company  
Occupation Secretary/Treasurer/ Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2008

**Transaction ID:** c508ef27a3331dcef86

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
John T. Leonard

Mailing Address PO Box 11409

City State Zip Code  
Portland ME 04104-7409

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

Name of Employer Maine Employers' Mutual Insurance Comp  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2008

**Transaction ID:** 64c6bda9fb24d9fd7e4

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Rae Malesh

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2008

**Transaction ID:** 56b3a2025010f13015b

Amount of Each Receipt this Period  
13.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **513.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rae Malesh		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant to the President	<b>Transaction ID:</b> 9c7a61d62372a8dd979
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 13.50
		<input type="text"/> 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rae Malesh		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant to the President	<b>Transaction ID:</b> c5ba8a3703f700661f5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 13.50
		<input type="text"/> 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rae Malesh		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant to the President	<b>Transaction ID:</b> ebee63de9ded0132664
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 13.50
		<input type="text"/> 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 40.50
<b>TOTAL</b> 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 37 / 102
	<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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Rae Malesh

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2008

Transaction ID: 78533826089885ec040

Amount of Each Receipt this Period 13.50

**B.**

Full Name (Last, First, Middle Initial)  
Rae Malesh

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 7b3b31d3ca424a374a8

Amount of Each Receipt this Period 13.50

**C.**

Full Name (Last, First, Middle Initial)  
John F. Marazzo

Mailing Address One Commerce Square  
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Director of Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 01 / 2008

Transaction ID: 3814050a2c37ee89add

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 277.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
John F. Marr

Mailing Address PO Box 11409

City State Zip Code  
Portland ME 04104-7409

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

Name of Employer  
Maine Employers' Mutual Insurance Comp

Occupation  
Vice President of Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 6bf2723231cd5db9683

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.90

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2008

**Transaction ID:** 021b49721255d0ee3b7

Amount of Each Receipt this Period  
38.47

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.90

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

**Transaction ID:** 588373f47caa3fb27f2

Amount of Each Receipt this Period  
38.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► **326.94**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 102  
(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)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.90

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2008

**Transaction ID:** ab107552fd8464a409c

Amount of Each Receipt this Period  
38.47

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.90

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

**Transaction ID:** d3c6bfcc9dbab66d536

Amount of Each Receipt this Period  
38.47

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.90

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2008

**Transaction ID:** bca99afb85aeaeb4aaa

Amount of Each Receipt this Period  
38.47

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 09 / 08 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> aa7cc9e18249e6a6ac9		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	Aggregate Year-to-Date 730.90		

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 09 / 22 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> a438011a338cfb1df67		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	Aggregate Year-to-Date 730.90		

<b>C.</b>	Full Name (Last, First, Middle Initial) Marliss McManus		Date of Receipt MM / DD / YYYY 07 / 07 / 2008		
	Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> e79d3d80781a54741a9		
	City Washington	State DC	Zip Code 20001-2102	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Mutual Insuran	Occupation Senior Director - Federal Affairs	Aggregate Year-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Marliss McManus		Date of Receipt MM / DD / YYYY 07 / 18 / 2008
Mailing Address 122 C St NW Ste 540		<b>Transaction ID:</b> f704cadab6be3ef12d4
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran	Occupation Senior Director - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Marliss McManus		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address 122 C St NW Ste 540		<b>Transaction ID:</b> 72da6c1a3e287f7af41
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran	Occupation Senior Director - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Marliss McManus		Date of Receipt MM / DD / YYYY 08 / 18 / 2008
Mailing Address 122 C St NW Ste 540		<b>Transaction ID:</b> 2801c81d659bb96c6c7
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran	Occupation Senior Director - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 42 / 102</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Marliss McManus	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 122 C St NW Ste 540	<b>Transaction ID:</b> a0f283c77f5e04561f7
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Association of Mutual Insuran Occupation Senior Director - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marliss McManus	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 122 C St NW Ste 540	<b>Transaction ID:</b> c7ccdb6cd71279b3eeb
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Association of Mutual Insuran Occupation Senior Director - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marliss McManus	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 122 C St NW Ste 540	<b>Transaction ID:</b> 70f6def8bc0dae25f6b
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Association of Mutual Insuran Occupation Senior Director - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin M. Meskell		Date of Receipt
	Mailing Address 57 Washington Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Quincy	MA	02169-5303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Quincy Mutual Fire Insurance Company		Occupation Executive Vice President	Transaction ID: 0dee1737e0c51b63146
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) David Middleton		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Controller	Transaction ID: e29607398096f189742
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="125.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) David Nawrocki		Date of Receipt
	Mailing Address 1285 Highway 15 South		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fairmont	MN	56031-4461
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Fairmont Farmers Mutual Insurance Comp		Occupation Inspector/Adjuster	Transaction ID: dd20fda19b1a8ff5972
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1375.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 102
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Donald H. Nikolaus

Mailing Address 1195 River Road

City State Zip Code  
Marietta PA 17547-1628

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

Name of Employer Donegal Mutual Insurance Company  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** 471efc5dba5d1e4e1da

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Margaret Noto

Mailing Address PO Box 400

City State Zip Code  
Branchville NJ 07826-0400

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

Name of Employer Franklin Mutual Insurance Company  
Occupation Secretary of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2008

**Transaction ID:** 78849bcc61a1deebd7c

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Randy O'Conner

Mailing Address 1725 Hopley Avenue

City State Zip Code  
Bucyrus OH 44820-3569

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2008

**Transaction ID:** 4acf2dac42997f54507

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 45 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles G. Ort	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address PO Box 400	<b>Transaction ID:</b> 0e7830f31c7f8fb89a
	City State Zip Code Branchville NJ 07826-0400	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Franklin Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Otto	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address PO Box 30660	<b>Transaction ID:</b> 26d8e4be015858dcf14
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Auto-Owners Insurance Company	Occupation Vice President, Financial Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> be0dd4c86c9f141faec
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 96.50
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Government Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1978.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	646.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 07 / 18 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> 35ac99f1be54e0b6d4d
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 96.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1978.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> 56a0f43242326f8a0e4
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 96.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1978.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> 0e2936e922efac9f098
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 96.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1978.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>289.50</b>
<b>TOTAL</b> 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 47 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> 974f1564e3e166183ca
City Washington	State Zip Code DC 20001-2102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.50
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Government Affai	Aggregate Year-to-Date ▼ 1978.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> 4edd4cbc6f04f540860
City Washington	State Zip Code DC 20001-2102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.50
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Government Affai	Aggregate Year-to-Date ▼ 1978.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> 7a4731283586e9837ab
City Washington	State Zip Code DC 20001-2102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.50
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Government Affai	Aggregate Year-to-Date ▼ 1978.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	289.50
<b>TOTAL</b> 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 48 / 102
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Peters	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address 1285 Highway 15 South	<b>Transaction ID:</b> 3bb24920c9471b5a47c
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fairmont Farmers Mutual Insurance Comp Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) William A. Poppen	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address PO Box 9	<b>Transaction ID:</b> a951fc9c7efdd69fa9b
	City State Zip Code De Smet SD 57231-0009	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation De Smet Farm Mutual Insurance Company General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Curt Preim	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 1285 Highway 15 South	<b>Transaction ID:</b> e0e3e40faa38efa3844
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fairmont Farmers Mutual Insurance Comp Loss Control Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 49 / 102						
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 07 / 2008

**Transaction ID:** 876054dd6189a75c446

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2008

**Transaction ID:** 32ec5d7ec1647ed190b

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 01 / 2008

**Transaction ID:** 8a0414043c195a55430

Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 18 / 2008

Transaction ID: 7557387d18345c795a8

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2008

Transaction ID: c194964abb84b25e9cb

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2008

Transaction ID: b23b6588f08d0764649

Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Reddick

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Associate Director of Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 0182a20f8930d2a0c23

Amount of Each Receipt this Period 20.00

**B.**

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

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2008

Transaction ID: 70c8f7a27ca98c44fcd

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gerald L. Roach

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 ▼ 600.00

Date of Receipt 07 / 15 / 2008

Transaction ID: 37d219ef6705977a4f9

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 570.00

**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 52 / 102  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gerald L. Roach

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 ▼ 600.00

Date of Receipt MM / DD / YYYY  
08 / 04 / 2008

Transaction ID: 5bd4102c0e46299ebed

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Gerald L. Roach

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 ▼ 600.00

Date of Receipt MM / DD / YYYY  
09 / 03 / 2008

Transaction ID: 7e19bfc489844ae4290

Amount of Each Receipt this Period 150.00

**C.**

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

Mailing Address PO Box 19267

City Springfield State IL Zip Code 62794-9267

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

Name of Employer Standard Mutual Insurance Company Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
08 / 28 / 2008

Transaction ID: a39ee0a24ca04861379

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**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 53 / 102  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Justin Roth		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> 1f8ca6bebb36148b541
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran	Occupation Senior Director-Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas R. Ruane		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address PO Box 4620		<b>Transaction ID:</b> 1c27cdd22c99cb717b2
City Ithaca	State NY	Zip Code 14852-4620
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Security Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas J. Shaw		Date of Receipt MM / DD / YYYY 09 / 09 / 2008
Mailing Address PO Box 99		<b>Transaction ID:</b> d766aa8fbfb1429e7bc
City Liberal	State MO	Zip Code 64762-0099
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Barton Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>770.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Shell		Date of Receipt
	Mailing Address PO Box 30660		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auto-Owners Insurance Company		Occupation Regional Vice President	<b>Transaction ID:</b> 444263ed8c1c8416d9c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Simon		Date of Receipt
	Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auto-Owners Insurance Company		Occupation CEO	<b>Transaction ID:</b> 584da648c377952b889
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant Vice President - Member Serv	<b>Transaction ID:</b> 6836bee2b6ee9e89af9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2770.00"/>
<b>TOTAL</b> 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: <span style="float: right;">PAGE 55 / 102</span>
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 07 / 18 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 7915e34cd1cb9c12591
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 2037d859ce00b82e4ef
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 75541ca89b2cf30deff
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 102
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2008

Transaction ID: 44da740365b213a92b3

Amount of Each Receipt this Period 20.00

**B.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2008

Transaction ID: a5051cd852be753307a

Amount of Each Receipt this Period 20.00

**C.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 4d0fdf53c2ccd1fec88

Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 102
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John K. Smith	Date of Receipt MM / DD / YYYY 07 / 10 / 2008
	Mailing Address One Commerce Square 2005 Market Street	<b>Transaction ID:</b> d105ffb0af148cfb01e
	City Philadelphia State PA Zip Code 19103-7008	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John K. Smith	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address One Commerce Square 2005 Market Street	<b>Transaction ID:</b> 5d95b6918e8719f2ca3
	City Philadelphia State PA Zip Code 19103-7008	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John K. Smith	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address One Commerce Square 2005 Market Street	<b>Transaction ID:</b> 70eae204a55275a2156
	City Philadelphia State PA Zip Code 19103-7008	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> 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 58 / 102

(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Sommer

Mailing Address PO Box 645

City State Zip Code  
Brenham TX 77834-0645

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

Name of Employer Occupation  
Germania Farm Mutual Insurance Associa President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 01 / 2008

Transaction ID: 907c19f8407f1b51f8c

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert H. Steele

Mailing Address PO Box 40

City State Zip Code  
Norwich CT 06360-0040

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

Name of Employer Occupation  
New London County Mutual Insurance Com Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2008

Transaction ID: 325863e1eb7a2d02b66

Amount of Each Receipt this Period

320.00

**C.**

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

Mailing Address 1285 Highway 15 South

City State Zip Code  
Fairmont MN 56031-4461

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

Name of Employer Occupation  
Fairmont Farmers Mutual Insurance Comp Office Assistant

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2008

Transaction ID: a624cdb43f955256efe

Amount of Each Receipt this Period

250.00

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

1070.00

**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 59 / 102  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Douglas M. Sullivan

Mailing Address PO Box 37

City Orion State IL Zip Code 61273-0037

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

Name of Employer Svea Mutual Insurance Company Occupation Manager/Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 07 / 2008

Transaction ID: 21382d0999145d78f9d

Amount of Each Receipt this Period 350.00

**B.**

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

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 Vice President - Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 07 / 2008

Transaction ID: c8dfa7f837646de3925

Amount of Each Receipt this Period 20.00

**C.**

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

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 Vice President - Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2008

Transaction ID: b954df8ded00b95c997

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 390.00

**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 60 / 102  
(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)  
NAMIC PAC

**A.**

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

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  
Vice President - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 7c93884a67b93f43910

Amount of Each Receipt this Period  
20.00

**B.**

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

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  
Vice President - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2008

**Transaction ID:** 1c08a3a1685f09765f1

Amount of Each Receipt this Period  
20.00

**C.**

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

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  
Vice President - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

**Transaction ID:** 0bbb66996f4522f219

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 102
	<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)  
NAMIC PAC

**A.**

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

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: Vice President - Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 12 / 2008

Transaction ID: 1105874eae1535db39e

Amount of Each Receipt this Period: 20.00

**B.**

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

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: Vice President - Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 26 / 2008

Transaction ID: 735eb4e3fd89e9e4a16

Amount of Each Receipt this Period: 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Joe Thesing

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: Director of State Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 08 / 18 / 2008

Transaction ID: 1185b84684d360e543c

Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 97ae66e023b977ccd88
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran		Occupation Director of State Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> e7a1ac4afe2fc5fcde4
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran		Occupation Director of State Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address PO Box 68700	<b>Transaction ID:</b> dac3b26e7025824d13b
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran		Occupation Director of State Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce D. Thomas	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 409 Kenyon Rd	<b>Transaction ID:</b> a2fbdfaec60d051378c
	City State Zip Code Fort Dodge IA 50501-5718	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Heartland Mutual Insurance Association	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce D. Thomas	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 409 Kenyon Rd	<b>Transaction ID:</b> aa1dc7a66f8b06228a0
	City State Zip Code Fort Dodge IA 50501-5718	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Heartland Mutual Insurance Association	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bruce D. Thomas	Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 409 Kenyon Rd	<b>Transaction ID:</b> 6c918325ec3e16eb05a
	City State Zip Code Fort Dodge IA 50501-5718	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Heartland Mutual Insurance Association	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</b>
<b>TOTAL</b> 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 64 / 102

(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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joyce C. Thomas		Date of Receipt MM / DD / YYYY 09 / 09 / 2008			
	Mailing Address 200 North Main Street		<b>Transaction ID:</b> be54488e10dc33da3bb			
	City Bel Air	State MD	Zip Code 21014-3554	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C		Name of Employer The Harford Mutual Insurance Company			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President & Secretary			Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt MM / DD / YYYY 07 / 01 / 2008			
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> ab31939c3e2c0b8e470			
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 39.00		
	FEC ID number of contributing federal political committee. C		Name of Employer Frankenmuth Mutual Insurance Company			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President of Administration			Aggregate Year-to-Date ▼ 741.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt MM / DD / YYYY 07 / 14 / 2008			
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 02e5004e8ea65ab29d6			
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 39.00		
	FEC ID number of contributing federal political committee. C		Name of Employer Frankenmuth Mutual Insurance Company			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President of Administration			Aggregate Year-to-Date ▼ 741.00	

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

328.00

**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 65 / 102

(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)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 741.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2008

Transaction ID: 89ffbc381baaef48ceb

Amount of Each Receipt this Period

39.00

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 741.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 13 / 2008

Transaction ID: 9e12df1b7b2c216621f

Amount of Each Receipt this Period

39.00

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 741.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2008

Transaction ID: f9ae183429658aa26dd

Amount of Each Receipt this Period

39.00

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

117.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 102

(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)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 741.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: e06a89d991147159120

Amount of Each Receipt this Period

39.00

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 741.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2008

Transaction ID: a64b40d8550d5962174

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)  
John E. Trott

Mailing Address 500 US Highway 77a S

City State Zip Code  
Yoakum TX 77995-1318

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

Name of Employer Occupation  
Hochheim Prairie Farm Mutual Insurance President

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2008

Transaction ID: 4208760c97f5ca5d6ed

Amount of Each Receipt this Period

250.00

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

328.00

**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 67 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ellen S. Truant	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 200 North Main Street	<b>Transaction ID:</b> 0ea69073854d137cac8
	City State Zip Code Bel Air MD 21014-3554	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer The Harford Mutual Insurance Company Occupation Vice President-Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert A. Wadsworth	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address One Preferred Way	<b>Transaction ID:</b> 6b53e1854ecd497785d
	City State Zip Code New Berlin NY 13411-1800	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Preferred Mutual Insurance Company Occupation Chairman & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rod Walgrave	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 1285 Highway 15 South	<b>Transaction ID:</b> fdb0646050dc0d62d1b
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Adjuster/Inspector Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 68 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Duff Wallace

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  
VP & General Manager of Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

**Transaction ID:** 18872d9547a9afc7400

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
James W. Wilds

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2008

**Transaction ID:** 5418edb150e35767aaf

Amount of Each Receipt this Period  
39.00

**C.**

Full Name (Last, First, Middle Initial)  
James W. Wilds

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

**Transaction ID:** b6a5dbab80e55b7629b

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **328.00**

**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 69 / 102
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James W. Wilds	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 4c6b147b158222ec8ca
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James W. Wilds	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 2e2a899f5ad03348fc6
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James W. Wilds	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 31f6409b16b0f7137c3
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.00
<b>TOTAL</b> 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 70 / 102						
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James W. Wilds		Date of Receipt MM / DD / YYYY 09 / 08 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> eb0cda529eee83f246c		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 741.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) James W. Wilds		Date of Receipt MM / DD / YYYY 09 / 22 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 58fc155b8aef5a5776c		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 741.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A. Yeager		Date of Receipt MM / DD / YYYY 07 / 01 / 2008		
	Mailing Address 1047 W Hamilton St		<b>Transaction ID:</b> 09f129cff8a542666fb		
	City Allentown	State PA	Zip Code 18101-1012	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mutual Insurance Company of Lehigh Cou	Occupation President & CEO	Aggregate Year-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>178.00</b>
<b>TOTAL</b> 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 71 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Michael A. Yeager		Date of Receipt MM / DD / YYYY 08 / 13 / 2008	
Mailing Address 1047 W Hamilton St		<b>Transaction ID:</b> b671dbcaecbf23e7116	
City Allentown	State PA	Zip Code 18101-1012	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mutual Insurance Company of Lehigh Cou	Occupation President & CEO	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Jerry G. Zenke		Date of Receipt MM / DD / YYYY 09 / 03 / 2008	
Mailing Address PO Box 708		<b>Transaction ID:</b> 79d812c032481857379	
City Houston	State MN	Zip Code 55943-0708	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mound Prairie Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>30371.03</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 102  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cc Services Inc Country Political Action Committee

Mailing Address 1701 N Towanda Avenue  
PO Box 2020

City Bloomington State IL Zip Code 61702

FEC ID number of contributing federal political committee. **C** C00390971

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2008

**Transaction ID:** 7f3859652b927ad3104

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Grange Mutual Casualty Company Pac

Mailing Address 650 S Front St

City Columbus State OH Zip Code 43206

FEC ID number of contributing federal political committee. **C** C00302695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2008

**Transaction ID:** 50a791e9442f6d5f1cb

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Secura Insurance a Mutual Company Pac (Secura Ins Pac)

Mailing Address 2401 South Memorial Drive  
PO Box 819

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C** C00343384

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 20 / 2008

**Transaction ID:** 5ed93e2fb703b054550

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> 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)

PAGE 73 / 102

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

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) National City Bank <hr/> Mailing Address 1417 W 86th St <hr/> City Indianapolis State IN Zip Code 46260 <hr/> Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: f4488ea3d0c111b82a0 Date of Disbursement 07 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 97.55
<b>B.</b> Full Name (Last, First, Middle Initial) National City Bank <hr/> Mailing Address 1417 W 86th St <hr/> City Indianapolis State IN Zip Code 46260 <hr/> Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: e9600971bf424dc446f Date of Disbursement 08 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 72.57

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

170.12

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

170.12

# 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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Alexander for Senate 2008 Inc  Mailing Address 228 S Washington Street Suite 115  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Contribution Candidate Name Lamar Alexander  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	<b>Transaction ID:</b> 30986-9784967303276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America  Mailing Address 499 S. Capitol St. SW #414 --  City Washington State DC Zip Code 20003  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	<b>Transaction ID:</b> 34593-3574029803276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Andy Harris for Congress  Mailing Address PO Box 1527  City Annapolis State MD Zip Code 21404  Purpose of Disbursement Contribution Candidate Name Andrew P. Harris  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01	<b>Transaction ID:</b> 40450-9779321551323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 102

<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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement Contribution Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00223-2156183123588</p> <p>Date of Disbursement MM / DD / YYYY 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Barrett for Congress</p> <p>Mailing Address PO Box 869 PO Box 869</p> <p>City Westminster State SC Zip Code 29693</p> <p>Purpose of Disbursement Contribution Candidate Name James Gresham Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 03092-6893274188041</p> <p>Date of Disbursement MM / DD / YYYY 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blaine for Congress, Inc.</p> <p>Mailing Address PO Box 1526</p> <p>City Columbia State MO Zip Code 65205</p> <p>Purpose of Disbursement Contribution Candidate Name Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80391-4554712176322</p> <p>Date of Disbursement MM / DD / YYYY 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

9000.00

**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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Schaffer for Us Senate</p> <p>Mailing Address PO Box 102135</p> <p>City Denver State CO Zip Code 80250</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Robert W. Schaffer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District:</p>	<p><b>Transaction ID:</b> 03092-8991205096244</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Davis for Congress</p> <p>Mailing Address PO Box 1081</p> <p>City Rochester State MN Zip Code 55903</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Brian James Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 01</p>	<p><b>Transaction ID:</b> 30986-9367639422416</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: DE District: 01</p>	<p><b>Transaction ID:</b> 00223-8075067400932</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charlie Dent for Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15</p>	<p><b>Transaction ID:</b> 55568-1070978045463</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chris Hackett for Congress</p> <p>Mailing Address 23 Dallas Shopping Center</p> <p>City Dallas State PA Zip Code 18612</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Christopher Lawrence Hackett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 10</p>	<p><b>Transaction ID:</b> 03092-0919610857963</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chris Lee for Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Christopher J. Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 26</p>	<p><b>Transaction ID:</b> 75784-2677118182182</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 102

<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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Action <hr/> Mailing Address PO Box 1535 <hr/> City Wilkes-Barre State PA Zip Code 18703 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 35076-5581933856010 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen <hr/> Mailing Address PO Box 326 <hr/> City Everett State WA Zip Code 98206 Purpose of Disbursement Contribution Candidate Name Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00223-2396509051322 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Clay Jr. for Congress <hr/> Mailing Address PO Box 4544 Suite 300 <hr/> City St. Louis State MO Zip Code 63108 Purpose of Disbursement Contribution Candidate Name William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00223-4798242449760 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cleaver for Congress</p> <p>Mailing Address 4801 Main Street, Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Emanuel Cleaver</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 05</p>	<p><b>Transaction ID:</b> 80391-0201532244682 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	3	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	2	3	/	2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:</p>	<p><b>Transaction ID:</b> 40342-6051599383354 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	1	0	/	2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Conservative Opportunity Leadership and Enterprise Pac (Cole Pac)</p> <p>Mailing Address 12176 Chancery Station Circle</p> <p>City Reston State VA Zip Code 20190</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution</p>	<p><b>Transaction ID:</b> 35076-1650049090385 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	9	/	2	0	0	8													
5000.00																						

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Crowley for Congress <hr/> Mailing Address 84-56 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 Purpose of Disbursement Contribution Candidate Name Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34593-5460321307182 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Darren White for Congress <hr/> Mailing Address PO Box 16601 <hr/> City Albuquerque State NM Zip Code 87191 Purpose of Disbursement Contribution Candidate Name Darren P. White Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75784-4962121844291 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address PO Box 960821 <hr/> City Riverdale State GA Zip Code 30296 Purpose of Disbursement Contribution Candidate Name David Albert Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75784-4646264910697 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Duncan D Hunter for Congress  Mailing Address PO Box 3917  City La Mesa State CA Zip Code 91944  Purpose of Disbursement Contribution Candidate Name Duncan Hunter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 60556-3981286883354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress  Mailing Address PO Box 9336  City Fargo State ND Zip Code 58106  Purpose of Disbursement Contribution Candidate Name Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80391-6136590838432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Fimian for Congress  Mailing Address PO Box 3131  City Oakton State VA Zip Code 22124  Purpose of Disbursement Contribution Candidate Name Keith S. Fimian Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30986-2285730242729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 2000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 102

<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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Freedom &amp; Democracy Fund</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80391-3332635760307 <b>Date of Disbursement</b> 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Bill Posey</p> <p>Mailing Address 1824 South Fiske Boulevard</p> <p>City Rockledge State FL Zip Code 32955</p> <p>Purpose of Disbursement Contribution Candidate Name Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00223-1710168719291 <b>Date of Disbursement</b> 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Bill Posey</p> <p>Mailing Address 1824 South Fiske Boulevard</p> <p>City Rockledge State FL Zip Code 32955</p> <p>Purpose of Disbursement Contribution Candidate Name Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 03092-6119500994682 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution Candidate Name Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80391-0854761004447 <b>Date of Disbursement</b> 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Contribution Candidate Name Dave Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00061-6480829119682 <b>Date of Disbursement</b> 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Contribution Candidate Name Dave Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 75784-6674768328666 <b>Date of Disbursement</b> 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

3500.00

**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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Erik Paulsen</p> <p>Mailing Address PO Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 75784-7316247820854</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Virginia Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80391-4060937762260</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling</p> <p>Mailing Address PO Box 820504</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Thomas Jeb Hensarling</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 03092-0319482684135</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of John Thune</p> <p>Mailing Address PO Box 841</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution Candidate Name John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 82343-7985498309135</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution Candidate Name Max S. Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70684-7115747332573</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Contribution Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 44123-9605523943901</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Graves for Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 06</p>	<p><b>Transaction ID:</b> 70684-7582513689994 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 4201 Northview Dr, Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05</p>	<p><b>Transaction ID:</b> 70684-1772119402885 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeb Bradley for Congress Committee</p> <p>Mailing Address 645 South Main Street</p> <p>City Wolfeboro State NH Zip Code 03894</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Joseph E. Mr. Bradley, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01</p>	<p><b>Transaction ID:</b> 80391-7479822039604 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">8000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

# 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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 06</p>	<p><b>Transaction ID:</b> 90981-8975641131401</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joel Dykstra for Us Senate</p> <p>Mailing Address PO Box 8 102 W 5th Street Suite 204</p> <p>City Canton State SD Zip Code 57013</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Joel D. Dykstra</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District:</p>	<p><b>Transaction ID:</b> 80391-8735467791557</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Campbell for Congress</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John B. T. Campbell, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 48</p>	<p><b>Transaction ID:</b> 00223-4956170916557</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) John Kennedy for Us Senate Inc <hr/> Mailing Address PO Box 14861 <hr/> City Baton Rouge State LA Zip Code 70898 Purpose of Disbursement Contribution Candidate Name John Neely Kennedy Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80391-1750604510307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Judy Biggert for Congress <hr/> Mailing Address PO Box 637 <hr/> City Hinsdale State IL Zip Code 60522 Purpose of Disbursement Contribution Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00061-0415307879447 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Judy Biggert for Congress <hr/> Mailing Address PO Box 637 <hr/> City Hinsdale State IL Zip Code 60522 Purpose of Disbursement Contribution Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 03092-9025689959526 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund <hr/> Mailing Address 715 Jones Street, Suite 101 <hr/> City Fort Worth State TX Zip Code 76102 <hr/> Purpose of Disbursement Contribution Candidate Name Kay Granger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70684-0621759295463 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress <hr/> Mailing Address PO Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement Contribution Candidate Name Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70684-8844262957573 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Knollenberg for Congress Committee <hr/> Mailing Address 31000 Telegraph Road, #110 <hr/> City Bingham Farms State MI Zip Code 48025 <hr/> Purpose of Disbursement Contribution Candidate Name Joe Knollenberg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00223-6689569354057 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

**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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lance for Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement Contribution Candidate Name Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75784-2179681658744 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress <hr/> Mailing Address PO Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement Contribution Candidate Name Lynn Jenkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 40450-2501336932182 Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Manion for Congress <hr/> Mailing Address PO Box 28 <hr/> City Doylestown State PA Zip Code 18901 <hr/> Purpose of Disbursement Contribution Candidate Name Tom Manion Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30986-2058526873588 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress <hr/> Mailing Address 95 Merrick Way, Suite 250 <hr/> City State Zip Code Coral Gables FL 33134 <hr/> Purpose of Disbursement Contribution Candidate Name Mario Diaz-Balart <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35076-5872003436088 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Moore for Congress <hr/> Mailing Address PO Box 14631 <hr/> City State Zip Code Shawnee Mission KS 66285 <hr/> Purpose of Disbursement Contribution Candidate Name Dennis Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75784-2429468035697 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address PO Box 8666 <hr/> City State Zip Code Omaha NE 68108 <hr/> Purpose of Disbursement Contribution Candidate Name Ben Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70684-6637994647026 Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Olson for Congress Committee	Transaction ID: 70684-2486078143119
	Mailing Address PO Box 16381	Date of Disbursement 07 / 23 / 2008
	City Sugar Land State TX Zip Code 77496	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Peter G. Olson	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Hodes for Congress	Transaction ID: 74920-31689089536667
	Mailing Address 26 South Main Street, #253	Date of Disbursement 09 / 02 / 2008
	City Concord State NH Zip Code 03301	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Contribution Candidate Name Paul W. Hodes	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pearce for Senate	Transaction ID: 70684-5670434832572
	Mailing Address PO Box 2696	Date of Disbursement 07 / 23 / 2008
	City Hobbs State NM Zip Code 88241	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Stevan E. Pearce	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement Contribution Candidate Name Paul E. Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35076-7465326189994 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) People for English <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement Contribution Candidate Name Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34593-9817926287651 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) People for English <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement Contribution Candidate Name Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70684-5707208514213 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) People with Hart Inc <hr/> Mailing Address PO Box 435 <hr/> City Wexford State PA Zip Code 15090 <hr/> Purpose of Disbursement Contribution Candidate Name Melissa A. Hart <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 03827-0128747820854 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 38585 <hr/> City Dallas State TX Zip Code 75238 <hr/> Purpose of Disbursement Contribution Candidate Name Pete Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80391-8315698504448 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Porter for Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 <hr/> Purpose of Disbursement Contribution Candidate Name Jon Christopher Porter, Sr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34593-5893060564994 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Red Pac	Transaction ID: 75784-6217004656791
	Mailing Address Post Office Box 51	Date of Disbursement MM / DD / YYYY 07 / 30 / 2008
	City Homeland State FL Zip Code 33847	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

B.	Full Name (Last, First, Middle Initial) Reed Committee	Transaction ID: 30986-1260797381401
	Mailing Address PO Box 8628	Date of Disbursement MM / DD / YYYY 09 / 17 / 2008
	City Cranston State RI Zip Code 02920	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Jack Reed	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

C.	Full Name (Last, First, Middle Initial) Republican Majority Fund	Transaction ID: 03092-8276483416557
	Mailing Address PO Box 144 Suite 300	Date of Disbursement MM / DD / YYYY 09 / 10 / 2008
	City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan for Congress</p> <p>Mailing Address PO Box 1919 PO Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution Candidate Name Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 40342-7521325945854 <b>Date of Disbursement:</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schock for Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement Contribution Candidate Name Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 75784-5626642107963 <b>Date of Disbursement:</b> 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schuring for Congress Committee</p> <p>Mailing Address 400 Market Ave North Suite 400</p> <p>City Canton State OH Zip Code 44702</p> <p>Purpose of Disbursement Contribution Candidate Name J. Kirk Schuring</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 03092-7815210223198 <b>Date of Disbursement:</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>

**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)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Steve Austria for Congress	Transaction ID: 40450-5608178973197
	Mailing Address 2537 Obetz Drive	Date of Disbursement MM / DD / YYYY 08 / 13 / 2008
	City State Zip Code Beavercreek OH 45434	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Steven Austria	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 07	

B.	Full Name (Last, First, Middle Initial) Stevens for Senate Committee	Transaction ID: 34593-5006982684135
	Mailing Address PO Box 100879	Date of Disbursement MM / DD / YYYY 07 / 09 / 2008
	City State Zip Code Anchorage AK 99510	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Ted Stevens	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AK District:	

C.	Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn Inc	Transaction ID: 70684-3761255145072
	Mailing Address 6850 Austin Centre Blvd Suite 180	Date of Disbursement MM / DD / YYYY 07 / 23 / 2008
	City State Zip Code Austin TX 78731	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2021 E Dublin Granville Road Suite 2000 <hr/> City Columbus State OH Zip Code 43229 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 44123-6086236834526 <b>Date of Disbursement</b> <input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Bee for Congress <hr/> Mailing Address PO Box 31985 <hr/> City Tucson State AZ Zip Code 85751 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Timothy S. Bee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30986-6347162127494 <b>Date of Disbursement</b> <input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="14500.00"/>

# 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)

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<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 checked="" 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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Duflo <hr/> Mailing Address PO Box 6540 <hr/> City Watertown State NY Zip Code 13601-6540 Purpose of Disbursement Refund of Contribution Received Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34293-97405642271042 Date of Disbursement MM / DD / YYYY 08 / 20 / 2008
	Amount of Each Disbursement this Period 1000.00 Category/Type 010
<b>B.</b> Full Name (Last, First, Middle Initial) John F Marazzo <hr/> Mailing Address One Commerce Square 2005 Market St <hr/> City Philadelphia State PA Zip Code 19103-7008 Purpose of Disbursement Refund of Contribution Received Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00237-21447390317917 Date of Disbursement MM / DD / YYYY 07 / 07 / 2008
	Amount of Each Disbursement this Period 250.00 Category/Type 010

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1250.00

**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)

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<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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) David Long for State Senate	Transaction ID: 44123-8701593279838
	Mailing Address P.O. Box 12411	Date of Disbursement 09 / 17 / 2008
	City Fort Wayne State IN Zip Code 46863-2411	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

Image# 28992542361

Form/Schedule: **F3X**

Transaction ID:

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