



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

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 .....	32859.36									
(c) Total Receipts (from Line 19) .....	32065.05	194974.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	64924.41	367182.79								
7. Total Disbursements (from Line 31) .....	15000.00	317258.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49924.41	49924.41								
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

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

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	21647.79	120125.70
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3917.26	38848.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25565.05	158974.37
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6500.00	36000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	32065.05	194974.37
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)) .....	32065.05	194974.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32065.05	194974.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	933.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	933.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	314000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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)) .....	0.00	1250.00
29. Other Disbursements.....	0.00	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))..	15000.00	317258.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	317258.38

**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 .....	32065.05	194974.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32065.05	193724.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	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) .....	0.00	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 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony Anastanio	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address 350 California Street Suite 2100	<b>Transaction ID:</b> 89f52d7d25b0eacfa21
	City San Francisco State CA Zip Code 94104-1409	Amount of Each Receipt this Period 1160.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer General Reinsurance Corporation Occupation West Region Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1160.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Anderson	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address PO Box 276	<b>Transaction ID:</b> 4b6f7ddf385da551d23
	City Canton State SD Zip Code 57013-0276	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Farm Mutual Insurance Company of Linco Occupation Secretary/Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John B. Arbuckle	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address PO Box 589	<b>Transaction ID:</b> 6a72e082d06b837dcf9
	City Lewisburg State WV Zip Code 24901-0589	Amount of Each Receipt this Period 2700.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Farmers Home Fire Insurance Company of Occupation Secretary-Treasurer/Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4260.00</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 7 / 24  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark K. Atherton

Mailing Address PO Box 498

City State Zip Code  
Mendota IL 61342-0498

FEC ID number of contributing federal political committee. C

Name of Employer Mendota Mutual Insurance Company  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** 55baaa7ac1dbf23de9a

Amount of Each Receipt this Period  
220.00

**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 ▼  
2307.80

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2008

**Transaction ID:** 0fb897f042cfa41bf0a

Amount of Each Receipt this Period  
115.39

**C.**

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** 054f592171d22161acf

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 585.39

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Darwin G. Copeman

Mailing Address 214 East McElwain Drive

City State Zip Code  
Cameron MO 64429-1350

FEC ID number of contributing federal political committee. C

Name of Employer: Cameron Mutual Insurance Company  
Occupation: President/CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** 030e3a490fa20185b73

Amount of Each Receipt this Period 130.00

**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 ▼ 825.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** 16f88b62fa5d203c7f3

Amount of Each Receipt this Period 425.00

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

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 Insura-  
nce Company  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 778.38

Date of Receipt M M / D D / Y Y Y Y  
10 / 06 / 2008

**Transaction ID:** 0dd7c16d61e91de2f92

Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional) ..... 594.00

**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 9 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory B. Ellingson	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address 24 1st Avenue East Suite E	<b>Transaction ID:</b> a8f4da2f51886db3e68
	City State Zip Code Kalispell MT 59901-4517	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Flathead Farm Mutual Insurance Company Occupation General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark H. Ewert	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address PO Box 2003	<b>Transaction ID:</b> 06b5fdb9a435fac9645
	City State Zip Code Milwaukee WI 53201-2003	Amount of Each Receipt this Period 355.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Partners Mutual Insurance Company Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard C. Ewert	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address PO Box 2003	<b>Transaction ID:</b> 412c9a929c6d7f56cda
	City State Zip Code Milwaukee WI 53201-2003	Amount of Each Receipt this Period 570.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Partners 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 ▼ 570.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1175.00
<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 10 / 24  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brad Fortner

Mailing Address 703 West Poplar Street

City State Zip Code  
Rogers AR 72756-4443

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

Name of Employer: Farmers Mutual Insurance Company  
Occupation: Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 906c8389e3e3c9b26a5

Amount of Each Receipt this Period  
280.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Frost

Mailing Address 306 North Johnson Street

City State Zip Code  
Harvard IL 60033-2903

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

Name of Employer: Dunham & Chemung Mutual Insurance Comp  
Occupation: CEO/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 53440fc184f7be62c41

Amount of Each Receipt this Period  
235.00

**C.**

Full Name (Last, First, Middle Initial)  
Harlan W. Gingrich

Mailing Address 1510 North Elms Road

City State Zip Code  
Flint MI 48532-2033

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

Name of Employer: Pioneer State Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** 89ad70bb55569a6e6b7

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **765.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jimi Grande

Mailing Address 5956 Coopers Landing Ct

City State Zip Code  
Burke VA 22015-2568

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

Name of Employer: National Association of Mutual Insuran  
Occupation: VP, Federal & Political Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 14 / 2008  
**Transaction ID:** 6684388ffa8f0529f9e  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Harris

Mailing Address Cityplace I

City State Zip Code  
Hartford CT 06103

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

Name of Employer: Franklin Mutual Insurance Company  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 09 / 2008  
**Transaction ID:** bb5b0a87effe4d5048a  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Bruce N. Heaton

Mailing Address PO Box 137

City State Zip Code  
Graymont IL 61743-0137

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

Name of Employer: Frontier Mutual Insurance Company  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 09 / 2008  
**Transaction ID:** b93a6a06eae2318ee56  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 12 / 24  
(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)  
National Association of Mutual Insurance Companies PAC

**A.**

Full Name (Last, First, Middle Initial)  
Warren W. Heck

Mailing Address 200 Madison Ave

City State Zip Code  
New York NY 10016-3903

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

Name of Employer  
Greater New York Mutual Insurance Comp

Occupation  
Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 966375622c824237ad3

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
F. Timothy Hegarty

Mailing Address 222 Ames Street

City State Zip Code  
Dedham MA 02026-1850

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

Name of Employer  
Norfolk & Dedham Mutual Fire Insurance

Occupation  
President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** c120abf373b16c81421

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Hein

Mailing Address 1901 N Roselle Rd  
Ste 340

City State Zip Code  
Schaumburg IL 60195-3181

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

Name of Employer  
Platinum Underwriters Re

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** 3911c7161cc26bcd4d4

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

**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 13 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John T. Hill

Mailing Address 1 Park Avenue

City State Zip Code  
New York NY 10016-5802

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

Name of Employer Occupation  
Magna Carta Companies President & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 8716b1e679cb5960914

Amount of Each Receipt this Period  
230.00

**B.** Full Name (Last, First, Middle Initial)  
Marcus E. Hill

Mailing Address PO Box 88

City State Zip Code  
Fort Worth TX 76101-0088

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

Name of Employer Occupation  
Agricultural Workers Mutual Auto Insur President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 92b880295a3463ab948

Amount of Each Receipt this Period  
600.00

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

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 Occupation  
Franklin Mutual Insurance Company Supervisor and VP of Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 720569047222834c6ac

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 10 / 06 / 2008		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 457117c483533035aea		
	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 1538.60		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Johnston		Date of Receipt MM / DD / YYYY 10 / 09 / 2008		
	Mailing Address 3601 Vincennes Rd		<b>Transaction ID:</b> c93adf36e8b6073e412		
	City Indianapolis	State IN	Zip Code 46268-1154	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Mutual Insurance	Occupation State Affairs Manager, Midwest Region	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Kurack		Date of Receipt MM / DD / YYYY 10 / 09 / 2008		
	Mailing Address 325 Eastlake Avenue East		<b>Transaction ID:</b> cafcc17c3af4fbbc7d2		
	City Seattle	State WA	Zip Code 98109-5407	Amount of Each Receipt this Period 135.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PEMCO Mutual Insurance Company	Occupation Director	Aggregate Year-to-Date 235.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>711.93</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 15 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenn A. Lambert	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 5000 9th Avenue South	<b>Transaction ID:</b> db48c89914158c5fd15
	City State Zip Code Great Falls MT 59405-5708	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cascade Farmers Mutual Insurance Compa	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Linkous	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 200 North Main Street	<b>Transaction ID:</b> c6245ad68995ab95816
	City State Zip Code Bel Air MD 21014-3554	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer The Harford 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 ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Max G. Maudlin	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 329 West Washington Street	<b>Transaction ID:</b> 3b4fcf2aef5130263d8
	City State Zip Code Greensburg IN 47240-1614	Amount of Each Receipt this Period 690.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Decatur County Farmers Mutual Insuranc	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1540.00
<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 16 / 24  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Francis M. McGlinn		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address PO Box 10350 Financial Center		<b>Transaction ID:</b> e2def5e594ffa44debb
City Stamford	State CT	Zip Code 06904-2350
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 490.00
Name of Employer AON RE	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

**B.**

Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 684e9839146bfcac859
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.37	

**C.**

Full Name (Last, First, Middle Initial) William C. Myers		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address One Commerce Square 2005 Market Street		<b>Transaction ID:</b> 4d9e8ed9e5cd08227ab
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	548.47
<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 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sandra G. Parrillo

Mailing Address PO Box 6066

City State Zip Code  
Providence RI 02940-6066

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

Name of Employer Providence Mutual Fire Insurance Compa  
Occupation President & CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

**Transaction ID:** 31fb1e1b17df5c907d9

Amount of Each Receipt this Period  
80.00

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

Mailing Address 127 Pearl St

City State Zip Code  
Council Bluffs IA 51503-0824

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

Name of Employer Western Iowa Mutual Insurance Associat  
Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1140.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

**Transaction ID:** 0567b59d916c2e30ad6

Amount of Each Receipt this Period  
390.00

**C.** Full Name (Last, First, Middle Initial)  
Joe J. Pingatore

Mailing Address PO Box 1463

City State Zip Code  
Minneapolis MN 55440-1463

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

Name of Employer Western National Insurance Group  
Occupation Vice President, General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	8

**Transaction ID:** f4078584fbf61d7471a

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald L. Roach	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Mailing Address PO Box 6927	<b>Transaction ID:</b> 965a70c647a334c935b
	City Richmond State VA Zip Code 23230-0927	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Mutual Assurance Society of Virginia	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerald P. Schmidt	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address 1460 Wells St	<b>Transaction ID:</b> 856d7baaf727f02eb3a
	City Enumclaw State WA Zip Code 98022-3003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Mutual of Enumclaw Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Simon	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Mailing Address PO Box 30660	<b>Transaction ID:</b> 940da699db004fd1254
	City Lansing State MI Zip Code 48909-8160	Amount of Each Receipt this Period 1360.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Auto-Owners Insurance Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3860.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1760.00
<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 19 / 24  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) John K. Smith		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address One Commerce Square 2005 Market Street		<b>Transaction ID:</b> c1f4206b063460c43a6
City Philadelphia	State PA Zip Code 19103-7008	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1460.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	Aggregate Year-to-Date ▼ 2340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) John K. Smith		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address One Commerce Square 2005 Market Street		<b>Transaction ID:</b> 68d448cbf5f2a749f0b
City Philadelphia	State PA Zip Code 19103-7008	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	Aggregate Year-to-Date ▼ 2340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Thomas Supplee		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address One Commerce Square 2005 Market Street		<b>Transaction ID:</b> 7339cd64ed849114f11
City Philadelphia	State PA Zip Code 19103-7008	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation VP, Operations & Customer Service	Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1560.00
<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 20 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce D. Thomas	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 409 Kenyon Rd	<b>Transaction ID:</b> 3d1766d90ad237bc9cf
	City State Zip Code Fort Dodge IA 50501-5718	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 1310.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randall Trinklein	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 8f7eb19d5d4bc2a0840
	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 of Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John E. Trott	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 500 US Highway 77a S	<b>Transaction ID:</b> 1db52fa704c2d09334f
	City State Zip Code Yoakum TX 77995-1318	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Hochheim Prairie Farm Mutual Insurance	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) .....	▶	1039.00
<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 21 / 24
	(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)  
National Association of Mutual Insurance Companies PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert A. Wadsworth	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address One Preferred Way	<b>Transaction ID:</b> 8b0bf29c89e2c62846b
	City State Zip Code New Berlin NY 13411-1800	Amount of Each Receipt this Period 1185.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 3685.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James W. Wilds	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 75049877246b45d6e40
	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 ▼ 780.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A. Yeager	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 1047 W Hamilton St	<b>Transaction ID:</b> 6686d301cda0eb9977c
	City State Zip Code Allentown PA 18101-1012	Amount of Each Receipt this Period 335.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mutual Insurance Company of Lehigh Cou Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1559.00
<b>TOTAL</b> This Period (last page this line number only) .....	21647.79

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

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

FOR LINE NUMBER: PAGE 22 / 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Employers Mutual Casualty Company Committee for Responsible Federal Government

Mailing Address 717 Mulberry Street

City State Zip Code  
Des Moines IA 50309

FEC ID number of contributing federal political committee. **C** C00163873

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  
 1 0 / 0 1 / 2 0 0 8

**Transaction ID:** b75f5b31a5ad8e063c5

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Shelter Mutual Insurance Company Federal Pac

Mailing Address 1817 West Broadway

City State Zip Code  
Columbia MO 65218

FEC ID number of contributing federal political committee. **C** C00140384

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  
 1 0 / 1 5 / 2 0 0 8

**Transaction ID:** 5db599c31ce66dfa011

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
State Auto Employees Fed Pac Committee of State Automobile Mutual Insurance Company

Mailing Address 518 East Broad Street

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00430884

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 8

**Transaction ID:** d405661954233733ca6

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

**TOTAL** This Period (last page this line number only) ..... ► 6500.00

**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 23 / 24

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

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

A.	Full Name (Last, First, Middle Initial) Majority Fund 2008		Transaction ID: 10297-4394647479057	
	Mailing Address 228 S Washington St Ste 115		Date of Disbursement 10 / 02 / 2008	
	City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Contribution		011	
	Candidate Name		Category/ Type	
	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		

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

15000.00

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

15000.00

Image# 28992906303

Form/Schedule: **F3X**

Transaction ID:

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