



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="61979.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41615.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30087.75"/>	<input type="text" value="463163.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71703.29"/>	<input type="text" value="525143.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6568.83"/>	<input type="text" value="460008.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65134.46"/>	<input type="text" value="65134.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20190.91	315686.01
(ii) Unitemized .....	2514.79	93310.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22705.70	408996.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	50400.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	28705.70	459396.05
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).....	1377.19	3715.21
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.86	52.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30087.75	463163.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30087.75	463163.84

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1068.83	5458.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1068.83	5458.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	395500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(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	150.00
29. Other Disbursements .....	-500.00	58900.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6568.83	460008.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6568.83	460008.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28705.70	459396.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28705.70	459246.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1068.83	5458.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1377.19	3715.21
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-308.36	1743.51

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Ms. Cathy M. Adcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : AD4307EA5F43F46629C2**  
 Amount of Each Receipt this Period  
 85.00

**B. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A8A410C3128B04B36A68**  
 Amount of Each Receipt this Period  
 30.00

**C. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : AF8F436F45845495C8DF**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<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 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Todd E. Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

**Transaction ID : AE9809C1BD57D4F93BEC**

Amount of Each Receipt this Period  

300.00
--------

**B. Mr. Michael Jim Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2502

City Fargo	State ND	Zip Code 58108-2502
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nodak Mutual Insurance Company	Occupation Executive Vice President & CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

**Transaction ID : A2E3DA6EDB07A4794A9D**

Amount of Each Receipt this Period  

250.00
--------

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

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
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FEC ID number of contributing federal political committee. **C**

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Treasurer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2014

**Transaction ID : A9227FDCC3ED94926AA7**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</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 8 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Alighieri</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014 <b>Transaction ID : AFC202FDB59E64449818</b>
Mailing Address 222 Ames St		Amount of Each Receipt this Period 20.00
City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C	Name of Employer Norfolk & Dedham Mutual Fire Insurance	
Occupation Treasurer		Aggregate Year-to-Date ▼ 440.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas Alighieri</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014 <b>Transaction ID : AD1EF22997C384AF3B1A</b>
Mailing Address 222 Ames St		Amount of Each Receipt this Period 20.00
City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C	Name of Employer Norfolk & Dedham Mutual Fire Insurance	
Occupation Treasurer		Aggregate Year-to-Date ▼ 460.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Neil Aldredge</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014 <b>Transaction ID : AFCCE11927355455FBC7</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 40.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Name of Employer National Association of Mutual Insuran	
Occupation Senior Vice President - State and Poli		Aggregate Year-to-Date ▼ 880.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<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 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : AB040CDB12F164D7984F**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Neil Alldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : A51E574C3CF6048899FB**  
 Amount of Each Receipt this Period  
 40.00

**C. Ms. Diane Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : ABA06220D550A4A69B40**  
 Amount of Each Receipt this Period  
 65.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Dan Andrade</b>			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : AF7B49CE630D44988B81</b>
Phoenix	AZ	85012-3074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.41"/>
Name of Employer	Occupation		
CopperPoint Mutual Insurance Company	Director, Application Development		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.28"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Dan Andrade</b>			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : A36A15C8524614F7F82E</b>
Phoenix	AZ	85012-3074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.41"/>
Name of Employer	Occupation		
CopperPoint Mutual Insurance Company	Director, Application Development		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.69"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Rick A. Arens</b>			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : ADEC2770A12224F11925</b>
Lansing	MI	48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Auto-Owners Insurance Company	Underwriting Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.82"/>
<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 11 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Laura Grace Ashton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation PAC Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : AF8DA1BEE435F42A3884**

Amount of Each Receipt this Period  

11.50
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**B. Ms. Laura Grace Ashton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation PAC Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

**Transaction ID : AEC3C02204BA3498E9FC**

Amount of Each Receipt this Period  

11.50
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**C. Ms. Laura Grace Ashton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation PAC Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : AD92C1F41DCE24572894**

Amount of Each Receipt this Period  

11.50
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.50
<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 12 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Lisa M Ayotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company AVP- Real Estate & Operational Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 366.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A82DC837DD639496984A**  
 Amount of Each Receipt this Period  
 42.00

**B. Mr. Michael D. Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Regional Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A49177F8864644B038F8**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Erik Barker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Mutual Insuran Account Manager - Membership & Insuran  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : A490A46FE0BDB4AE8B66**  
 Amount of Each Receipt this Period  
 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Erik Barker</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014 <b>Transaction ID : A2750CD04F14146E39ED</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 9.62
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) <b>B. Mr. Erik Barker</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2014 <b>Transaction ID : AA1E1BE676DD7474F8BB</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 9.62
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin Barnes</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2014 <b>Transaction ID : A26B7965AA359416496B</b>
Mailing Address PO Box 30660		Amount of Each Receipt this Period 30.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.24
<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 14 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sandra J. Bear PFMM</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 108 N 4th St			<b>Transaction ID : A85C9B652A8F041C88F7</b>
City Watseka	State IL	Zip Code 60970-1312	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Watseka Mutual Insurance Company	Occupation Secretary/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Chris Belcher</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 618			<b>Transaction ID : A8690AA0F5F6F42E197C</b>
City Columbia	State MO	Zip Code 65205-0618	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia Mutual Insurance Company	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>C. Chris Belcher</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address PO Box 618			<b>Transaction ID : A442807BD9DBC4B168EA</b>
City Columbia	State MO	Zip Code 65205-0618	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia Mutual Insurance Company	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 15 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Walter Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Garden Rd  
 City Monterey State CA Zip Code 93940-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Capital Insurance Company Occupation Vice President, Underwriting & Actuari  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2014  
**Transaction ID : AED77BCF362C64AD9B67**  
 Amount of Each Receipt this Period  
 84.00

**B. Mr. Walter Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Garden Rd  
 City Monterey State CA Zip Code 93940-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Capital Insurance Company Occupation Vice President, Underwriting & Actuari  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A58E115F4063B49E99E8**  
 Amount of Each Receipt this Period  
 84.00

**C. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2574.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AFB1C5DD84DAF458B88F**  
 Amount of Each Receipt this Period  
 117.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**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 16 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2691.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : AD20C5EBDE82047E0874**  
 Amount of Each Receipt this Period  
 117.00

**B. Ms. Deborah Betten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director of Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AAAE325DFFAC24E56913**  
 Amount of Each Receipt this Period  
 20.84

**c. Ms. Deborah Betten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director of Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A544347685F994302B5C**  
 Amount of Each Receipt this Period  
 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 158.68  
**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 17 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Rena Bilodeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City State Zip Code  
 Enumclaw WA 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mutual of Enumclaw Insurance Company Vice President - Human Resources  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : AEB473D6D34AF47D3B27**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Donald Bredberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City State Zip Code  
 Dedham MA 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Senior Commercial Underwriter  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : A6E546B20CB684F658E7**  
 Amount of Each Receipt this Period  
 10.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : AE0F470C8386846E09B2**  
 Amount of Each Receipt this Period  
 10.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Donald Bredberg**

Mailing Address 222 Ames St

City State Zip Code  
 Dedham MA 02026-1850

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

Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Senior Commercial Underwriter

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 11 / 17 / 2014  
**Transaction ID : A1FD0CD31C06E40D69C9**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Tina Brumley**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 11 / 06 / 2014  
**Transaction ID : A2B912F0397614EA6A06**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Stephen Buell**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 11 / 06 / 2014  
**Transaction ID : ABA451A60A3E2472F942**

Amount of Each Receipt this Period  
 25.00

**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 19 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Mike Bush**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 860

City Bryant	State AR	Zip Code 72089-0860
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Union Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2599.99	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2014  
**Transaction ID : A67881C7D61C34C6D910**

Amount of Each Receipt this Period  
833.33

**B. Mr. Peter J. Cammarata CPA**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 419

City Irvington	State VA	Zip Code 22480-0419
FEC ID number of contributing federal political committee. C		
Name of Employer Northern Neck 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	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2014  
**Transaction ID : A1188E3DA688F43C691F**

Amount of Each Receipt this Period  
250.00

**c. Ms. Ginny Caro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.20	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2014  
**Transaction ID : A5AE4426E9A5B4A69945**

Amount of Each Receipt this Period  
41.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1124.99
<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 OF 125
	<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)  
**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Ginny Caro</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : A7B6C73726B9344A897A</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.66
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.86	

Full Name (Last, First, Middle Initial) <b>B. Ms. Donna Cerio</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014 <b>Transaction ID : AA97B97A1BEFC464B93B</b>
Mailing Address PO Box 400		Amount of Each Receipt this Period 250.00
City Branchville	State NJ	Zip Code 07826-0400
FEC ID number of contributing federal political committee. C		
Name of Employer Franklin Mutual Insurance Company	Occupation Manager - Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles M. Chamness</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014 <b>Transaction ID : AE7DDD6C582A1489E8A6</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 90.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	381.66
<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 21 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Charles M. Chamness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2470.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : A0E44991F6B79409686A**  
 Amount of Each Receipt this Period  
**90.00**

**B. Mr. Charles M. Chamness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2560.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : AF229D7A3BFB74F8D929**  
 Amount of Each Receipt this Period  
**90.00**

**C. Mr. Mark Coe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **858.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AA58518EF26BE4B45A32**  
 Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... **219.00**  
**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 22 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **897.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : A265FCDDC40EF4AFD9AE**

Amount of Each Receipt this Period  

39.00
-------

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

**Transaction ID : A4B34545F09544748BC4**

Amount of Each Receipt this Period  

39.00
-------

**C. Ms. Lea Coll**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

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

Name of Employer Ohio Mutual Insurance Company	Occupation General Accounting Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.47**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : A43C09AC652B144EEB80**

Amount of Each Receipt this Period  

11.91
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>89.91</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 23 OF 125
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Lea Coll**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Company General Accounting Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : A233D28E2BE254FC5B47**

Amount of Each Receipt this Period  
11.91

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

Mailing Address PO Box 468

City State Zip Code  
Neanah WI 54957-0468

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

Name of Employer Occupation  
Jewelers Mutual Insurance Company President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : A8EB250B586EF4FEA8D0**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**c. Mr. David N. Cote Esq., AIC**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

Name of Employer Occupation  
Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Manag

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : AEFEDA58E922B444D809**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 321.91

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. David N. Cote Esq., AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Manag  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : AACE558DE40724F4FA1C**  
 Amount of Each Receipt this Period  
 10.00

**B. Mr. David N. Cote Esq., AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Manag  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A4CB9BF4112A94DC8836**  
 Amount of Each Receipt this Period  
 10.00

**C. Mr. Jim Danford AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company Material Damage Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AFABAC0BE035C48F39A1**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 25 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2014  
**Transaction ID : AA83B6E2EA00045BE8EF**

Amount of Each Receipt this Period  
10.00

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2014  
**Transaction ID : AD6D6545905074B05B69**

Amount of Each Receipt this Period  
10.00

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

City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation Vice President - Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2014  
**Transaction ID : A1740B14978C74AE4888**

Amount of Each Receipt this Period  
21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.00
<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 26 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. MaryAnn Deacon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franklin Mutual Group Occupation Spouse of Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : A7F76813B3C884710A58**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Philip Deacon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : AB2D1B85DF33E45D89B4**  
 Amount of Each Receipt this Period  
 300.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A313DCD3C7C4543E1A9F**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**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 27 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Dan DeArment PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 646

City Bedford	State PA	Zip Code 15522-0646
FEC ID number of contributing federal political committee. C		
Name of Employer Friends Cove 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 ▼ 2000.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014  
**Transaction ID : A2B46B3C8CCD84533993**

Amount of Each Receipt this Period  
250.00

**B. Mr. Dan DeArment PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 646

City Bedford	State PA	Zip Code 15522-0646
FEC ID number of contributing federal political committee. C		
Name of Employer Friends Cove 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 ▼ 2250.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2014  
**Transaction ID : ADC3332A0111348BAE8**

Amount of Each Receipt this Period  
250.00

**c. Mr. Joseph DeChatelets CPCU**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125-0626
FEC ID number of contributing federal political committee. C		
Name of Employer Rockford Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2014  
**Transaction ID : A14054B1AD78C41E7B33**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 28 OF 125  
(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**

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Application Development Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.32**

Date of Receipt  
**10 / 16 / 2014**

**Transaction ID : A59E7B4EFC8BD4D6AB92**

Amount of Each Receipt this Period  
**20.83**

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Application Development Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.15**

Date of Receipt  
**11 / 13 / 2014**

**Transaction ID : A83572907D558414E93B**

Amount of Each Receipt this Period  
**20.83**

Full Name (Last, First, Middle Initial)  
**C. Mr. Rick DeGraw**

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation CAO & Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.28**

Date of Receipt  
**10 / 16 / 2014**

**Transaction ID : AE4F40B79A6EE438084B**

Amount of Each Receipt this Period  
**41.66**

**SUBTOTAL** of Receipts This Page (optional)..... **83.32**

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

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

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

FOR LINE NUMBER: PAGE 29 OF 125  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Rick DeGraw**

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company CAO & Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
874.94

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2014  
**Transaction ID : A7B45F33A46F34A18921**

Amount of Each Receipt this Period  
41.66

Full Name (Last, First, Middle Initial)  
**B. Mr. Timothy J. Del Grande**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

Name of Employer Occupation  
Norfolk & Dedham Mutual Fire Insurance Business Unit Leader NE Personal Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014  
**Transaction ID : A3899B821E5B141798A3**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Timothy J. Del Grande**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

Name of Employer Occupation  
Norfolk & Dedham Mutual Fire Insurance Business Unit Leader NE Personal Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014  
**Transaction ID : A3D452ECB09E94A8EB4C**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Timothy J. Del Grande</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 222 Ames St		<b>Transaction ID : AFD4EF45A2FB3473D8B6</b>
City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Business Unit Leader NE Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert Detlefsen PhD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : A8AF788EB79324EAE928</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 43.48	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 956.56	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Detlefsen PhD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : AF2BE307EAD7B4E2CB94</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 43.48	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.96
<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 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert Detlefsen PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1043.52

Date of Receipt  
11 / 14 / 2014  
**Transaction ID : A0B597D8AD7EA4BA2988**

Amount of Each Receipt this Period  
43.48

**B. Ms. Michele Devore**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation MO Branch Marketing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
11 / 03 / 2014  
**Transaction ID : A2A0D3F1ABCE1490299A**

Amount of Each Receipt this Period  
20.00

**C. Ms. Michele Devore**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation MO Branch Marketing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
11 / 20 / 2014  
**Transaction ID : AA2FE133C4D38407A82C**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Charles W. Drier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3337  
 City Peoria State IL Zip Code 61612-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **825.00**

Date of Receipt **11 / 06 / 2014**  
**Transaction ID : A299321A53DAD4CBAB8C**  
 Amount of Each Receipt this Period **75.00**

**B. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2115.52**

Date of Receipt **10 / 17 / 2014**  
**Transaction ID : AFDCADF057F4B487B803**  
 Amount of Each Receipt this Period **96.16**

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

Date of Receipt **11 / 03 / 2014**  
**Transaction ID : A55B68BC7F54D4133A18**  
 Amount of Each Receipt this Period **96.16**

**SUBTOTAL** of Receipts This Page (optional)..... **267.32**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Date of Receipt 11 / 14 / 2014  
**Transaction ID : A87CB052ADB8C4869B0C**  
 Amount of Each Receipt this Period 96.16

**B. Mrs. Nancy M. Early**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 307  
 City Saxonburg State PA Zip Code 16056-0307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hannahstown Mutual Insurance Company Occupation Company Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : A81A31FAF03B64BCAB60**  
 Amount of Each Receipt this Period 50.00

**c. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1760.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : A4508D51747B5420B91E**  
 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 226.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 11 / 07 / 2014  
**Transaction ID : A230DBE077D664CB392F**  
 Amount of Each Receipt this Period 80.00

**B. Mr. Gregory B. Ellingson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 1st Ave E Ste E  
 City Kalispell State MT Zip Code 59901-4517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Flathead Farm Mutual Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2014  
**Transaction ID : A19A0E7F8419E47E1830**  
 Amount of Each Receipt this Period 50.00

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

Date of Receipt 11 / 06 / 2014  
**Transaction ID : AECBC1B4C4DD6413592C**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 230.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 35 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Keith Escue**

Mailing Address 703 W Poplar St

City State Zip Code  
 Rogers AR 72756-4443

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

Name of Employer Occupation  
 Farmers Protective Mutual Insurance Co Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : AE9BDA4013AC245F4895**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City State Zip Code  
 Bel Air MD 21014-3544

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

Name of Employer Occupation  
 Harford Mutual Insurance Company Vice President, Chief Information Offi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 861.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A68365471B3FC440A81B**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**C. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City State Zip Code  
 Bel Air MD 21014-3544

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

Name of Employer Occupation  
 Harford Mutual Insurance Company Vice President, Chief Information Offi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 944.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : A570FAF7A11C4409F901**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 191.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael L. Faron CPCU</b>		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Dedham MA 02026-1850		<b>Transaction ID : ACB4A147828EC4ACE80E</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Commercial Lines Division Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael L. Faron CPCU</b>		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Dedham MA 02026-1850		<b>Transaction ID : A62FCE8B5F2BE41E7925</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Commercial Lines Division Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael L. Faron CPCU</b>		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City State Zip Code Dedham MA 02026-1850		<b>Transaction ID : A02AB2A903AB6460F9DC</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Commercial Lines Division Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	

<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: (check only one)	PAGE 37 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Gayle Fisher**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

**Transaction ID : A1EAE9AC2B8E24201A06**

Amount of Each Receipt this Period  

85.00
-------

**B. Mr. Joe Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5626

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

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

Name of Employer Rockford Mutual Insurance Company	Occupation AVP Underwriting
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.41**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : AC4143E26A2984FA3BF4**

Amount of Each Receipt this Period  

57.69
-------

**C. Mr. Brad Fortner PFMM, FMDC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer Farmers Protective Mutual Insurance Co	Occupation Chief Operations Officer/Secretary
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : AE68EFE72EC824AF08F0**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>242.69</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 38 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A55A303484FF84CB5862**

Amount of Each Receipt this Period  
10.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : A3610A5A7EB854DCAAD8**

Amount of Each Receipt this Period  
10.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

**Transaction ID : A90FDD2C6E8354234810**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 39 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Vincent Franz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Insurance Sq  
 City State Zip Code  
 Celina OH 45822-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Mutual Insurance Company Vice President, Chief Actuary  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : ABDA0111E0BAF4133A90**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Vincent Franz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Insurance Sq  
 City State Zip Code  
 Celina OH 45822-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Mutual Insurance Company Vice President, Chief Actuary  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : AC49E26A2054B4DBBB50**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. David French**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 South US Highway 77-A  
 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 Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : A95D335DC1336474E8BD**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 40 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Rusty Frisinger PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1050  
 City Fayetteville State AR Zip Code 72702-1050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington County Farmers Mutual Fire Occupation General Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : A6798E7768CC94908AE9**  
 Amount of Each Receipt this Period **200.00**

**B. Mr. Rusty Frisinger PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1050  
 City Fayetteville State AR Zip Code 72702-1050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington County Farmers Mutual Fire Occupation General Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 19 / 2014**  
**Transaction ID : A2B30E1242C384B3AB58**  
 Amount of Each Receipt this Period **200.00**

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

Date of Receipt **11 / 06 / 2014**  
**Transaction ID : A1F2962792C5547A7A6D**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt **11 / 03 / 2014**

**Transaction ID : AC191E64BAC0C432B880**

Amount of Each Receipt this Period **40.00**

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt **11 / 20 / 2014**

**Transaction ID : A78748D7B5CB74DAF8A1**

Amount of Each Receipt this Period **40.00**

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.75**

Date of Receipt **10 / 16 / 2014**

**Transaction ID : A07F46785ADC4400F9EB**

Amount of Each Receipt this Period **20.88**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.88</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 42 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Randy Gerdes</b>			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : AD70CCCFAD1D0443E9F4</b>
Phoenix	AZ	85012-3074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.88"/>
Name of Employer	Occupation		
CopperPoint Mutual Insurance Company	Vice President of Strategy		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="437.63"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Bryan Gilleland</b>			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A813A338CD81A4C7BA04</b>
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.47"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Vice President, Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="846.34"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Bryan Gilleland</b>			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A9CC4CE37CBCE49BDB09</b>
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.47"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Vice President, Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="884.81"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="97.82"/>
<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 43 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Yvette Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.28

Date of Receipt 10 / 16 / 2014  
**Transaction ID : AFB51DD32E9874212A3A**  
 Amount of Each Receipt this Period 41.66

**B. Ms. Yvette Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 874.94

Date of Receipt 11 / 13 / 2014  
**Transaction ID : AEA0C697D682F462C813**  
 Amount of Each Receipt this Period 41.66

**C. Mr. John Goodin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.72

Date of Receipt 10 / 24 / 2014  
**Transaction ID : AFF1DC1A7E1E64122BEE**  
 Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.98  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John Goodin**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

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

Name of Employer Occupation  
Harford Mutual Insurance Company Assistant Vice President Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
444.38

Date of Receipt  
 /  /   
 11 / 20 / 2014

**Transaction ID : ACDA8BBC7CF4C48B098f**

Amount of Each Receipt this Period  
41.66

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

Mailing Address 122 C St NW Ste 540

City State Zip Code  
Washington DC 20001-2102

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.08

Date of Receipt  
 /  /   
 10 / 21 / 2014

**Transaction ID : ADD776900E8944D4AB22**

Amount of Each Receipt this Period  
113.64

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

Mailing Address 122 C St NW Ste 540

City State Zip Code  
Washington DC 20001-2102

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2613.72

Date of Receipt  
 /  /   
 11 / 03 / 2014

**Transaction ID : AF51AFF57976C4B758A3**

Amount of Each Receipt this Period  
113.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 268.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Jimi Grande**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW Ste 540  
 City Washington State DC Zip Code 20001-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2727.36

Date of Receipt 11 / 14 / 2014  
**Transaction ID : A2D6E98E8B8BA41AEB89**  
 Amount of Each Receipt this Period 113.64

**B. Mr. Jonathan C. Grether MSIM, CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 370  
 City Algona State IA Zip Code 50511-0370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pharmacists Mutual Insurance Company Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2014  
**Transaction ID : A2915844D58A5464B9E2**  
 Amount of Each Receipt this Period 200.00

**C. Mr. David Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : A201CCBF5483243D7A58**  
 Amount of Each Receipt this Period 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.64
<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 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. David Grove**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2014  
**Transaction ID : A4D3400C101134C39A6B**

Amount of Each Receipt this Period  
20.00

**B. Mr. David Grove**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2014  
**Transaction ID : AFF441B8C596F48A8851**

Amount of Each Receipt this Period  
20.00

**C. Mr. John Hair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Federal Affairs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : AABEE6DC9792B4B2C887**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<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 47 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Name of Employer National Association of Mutual Insuran	Occupation Federal Affairs Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

**Transaction ID : A1C632463408F49A19E4**

Amount of Each Receipt this Period  

40.00
-------

**B. Mr. John Hair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Federal Affairs Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : AC14BD4618C2F45A2B10**

Amount of Each Receipt this Period  

40.00
-------

**C. Ms. Alice Hamm**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

**Transaction ID : A7E954986FA8242BB867**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</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 48 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. William Hanby**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2014  
**Transaction ID : A1BF62D489727470D986**

Amount of Each Receipt this Period 60.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt 11 / 06 / 2014  
**Transaction ID : A0DD0CEFF424643C794E**

Amount of Each Receipt this Period 25.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 06 / 2014  
**Transaction ID : A54792685D3E34A1FADD**

Amount of Each Receipt this Period 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 49 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Christopher D. Hartrich FLMI, CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 468  
 City Neenah State WI Zip Code 54957-0468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewelers Mutual Insurance Company Occupation Vice President HR/Organizational Devel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.00

Date of Receipt 10 / 31 / 2014  
**Transaction ID : AEBDF0781DA714C32A7E**  
 Amount of Each Receipt this Period 33.00

**B. Mr. Joseph B. Haswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Assistant Division Manager, Casualty C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : A79062F6B6F5D4E99AEB**  
 Amount of Each Receipt this Period 10.00

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

Date of Receipt 10 / 29 / 2014  
**Transaction ID : A9744ADF801BA41B4A1A**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.00  
**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 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A087687FFCA984452AEA**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Rich Hawkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mutual of Enumclaw Insurance Company Vice President, Marketing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : A244A5A2B7C1940FAE2**  
 Amount of Each Receipt this Period  
 77.00

**C. Mr. Eugene T. Heaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Vice President of Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : AFA13C6D71E58423FA1E**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Shane Heeren**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation Director of Marketing & Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 10 / 2014  
**Transaction ID : AAED8AAA8302949C1BF1**

Amount of Each Receipt this Period 30.00

**B. Mr. F. Timothy Hegarty Jr., CPCU**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1245.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : AC158EEE809874FCDA4A**

Amount of Each Receipt this Period 45.00

**c. Mr. F. Timothy Hegarty Jr., CPCU**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1290.00

Date of Receipt 10 / 29 / 2014  
**Transaction ID : A2558F97FD76A4041A13**

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. F. Timothy Hegarty Jr., CPCU</b>		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : ACA187943D7764C63B73</b>
Dedham	MA	
Zip Code		Amount of Each Receipt this Period
02026-1850		<input type="text" value="45.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Norfolk & Dedham Mutual Fire Insurance	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1335.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Brenda G. Hennenfent</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : A73EC644A3896484AAA5</b>
Lansing	MI	
Zip Code		Amount of Each Receipt this Period
48909-8160		<input type="text" value="20.83"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Auto-Owners Insurance Company	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.13"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Dan Hernandez</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : A202923A54F4D4ECD93F</b>
Phoenix	AZ	
Zip Code		Amount of Each Receipt this Period
85012-3074		<input type="text" value="10.41"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	Vice President, Small Business Center	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.28"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="76.24"/>
<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 53 OF 125
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Dan Hernandez**

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President, Small Business Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **218.69**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : A642644220AB84B0F8A2**

Amount of Each Receipt this Period **10.41**

Full Name (Last, First, Middle Initial)  
**B. Mr. Asa Hunt**

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Territory Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 20 / 2014**

**Transaction ID : A2D099D5EC5A546C8B19**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Timothy R. Hyle CPA**

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Finance & Risk Managem

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 10 / 2014**

**Transaction ID : A4BD9A80C206E4D91978**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **110.41**

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

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

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

FOR LINE NUMBER: PAGE 54 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Ann Jahn**

Mailing Address PO Box 5

City Reynolds State IL Zip Code 61279-0005

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

Name of Employer Hamlet Mutual Insurance Company Occupation Secretary/Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A0728C9BA2EE346D89F6**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : AC68AFC21C6BA41F0826**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A9EB2AA8B89CC4BC6A22**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Theresa Jakubick</b>		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : <b>A8EB944538F6345C1AAE</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gary Johnson</b>		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : <b>A49AF451E15C94D768E6</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Assistant Vice President, Business Ins	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Gary Johnson</b>		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : <b>AE0E785181A7C4FE7B16</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Assistant Vice President, Business Ins	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<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 56 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 17 / 2014**

**Transaction ID : AC328A54E11C64D3EAB0**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Amy R. Johnson PFMM**

Mailing Address PO Box 197

City Finley State ND Zip Code 58230-0197

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

Name of Employer Steele Trall County Mutual Insurance Occupation Manager/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1102.78**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : AEBA1D53D2D9B466AA79**

Amount of Each Receipt this Period **111.11**

Full Name (Last, First, Middle Initial)  
**C. Ms. Amy R. Johnson PFMM**

Mailing Address PO Box 197

City Finley State ND Zip Code 58230-0197

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

Name of Employer Steele Trall County Mutual Insurance Occupation Manager/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1213.89**

Date of Receipt **11 / 18 / 2014**

**Transaction ID : A8CBA6BB809534109A40**

Amount of Each Receipt this Period **111.11**

**SUBTOTAL** of Receipts This Page (optional)..... **232.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Rick Jones</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : A83F610CCDD26456B856</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 838.68
Name of Employer CopperPoint Mutual Insurance Company	Occupation Executive Vice President, COO & Presid	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 838.68	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick Jones</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : A3892E0097F854A41AC3</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 880.35
Name of Employer CopperPoint Mutual Insurance Company	Occupation Executive Vice President, COO & Presid	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.35	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jon Jorgensen</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2014 <b>Transaction ID : A95039049ED4B4CA1BAF</b>
Mailing Address PO Box 30660		Amount of Each Receipt this Period 35.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 355.00
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.34
<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 58 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2014

**Transaction ID : A1A5098CBF3AB4202861**

Amount of Each Receipt this Period  
45.46

**B. Mr. Thomas Karol**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

**Transaction ID : A2902FA5554A04E79B41**

Amount of Each Receipt this Period  
45.46

**C. Mr. Thomas Karol**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1091.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : A6DFF346843F34D508B5**

Amount of Each Receipt this Period  
45.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.38
<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 59 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Pamela J. Keeney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : AA6503DB9C8234CEE91F</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer NAMIC Insurance Company, Inc.	Occupation Vice President - Underwriting & Ins Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Pamela J. Keeney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : AC594CF63FF7547E4A58</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer NAMIC Insurance Company, Inc.	Occupation Vice President - Underwriting & Ins Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Pamela J. Keeney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : A9F7DDA06A9CA452597D</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer NAMIC Insurance Company, Inc.	Occupation Vice President - Underwriting & Ins Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 60 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A4B14FC95558B48A9A15**  
 Amount of Each Receipt this Period  
 41.66

**B. Mr. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 472.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : ADD4C59596B7946CF9B3**  
 Amount of Each Receipt this Period  
 41.66

**C. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AE5D1B31C31744CE6A9A**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.32
<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 61 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Jami Kelly**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **897.00**

Date of Receipt **11 / 07 / 2014**  
**Transaction ID : AE8B952E62436466B8AA**  
Amount of Each Receipt this Period **39.00**

**B. Mr. James J. Kennedy CPCU, LUTC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111  
City Bucyrus State OH Zip Code 44820-0111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Mutual Insurance Company Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2550.00**

Date of Receipt **10 / 20 / 2014**  
**Transaction ID : AECB0F9B6AF0442B5931**  
Amount of Each Receipt this Period **50.00**

**C. Mr. Vaughn Kidd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Supervising Underwriter  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **215.34**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : AD39DCA9C55E94AEE9BE**  
Amount of Each Receipt this Period **20.84**

**SUBTOTAL** of Receipts This Page (optional)..... **109.84**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Vaughn Kidd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Supervising Underwriter  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **236.18**

Date of Receipt **11 / 20 / 2014**  
**Transaction ID : A6DD3BCE5038F437CAA9**  
Amount of Each Receipt this Period **20.84**

**B. Ms. Sherry Kidwell**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111  
City Bucyrus State OH Zip Code 44820-0111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United Ohio Insurance Company Occupation Manager of Application  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **340.00**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : A945BAB785FB742D6B50**  
Amount of Each Receipt this Period **20.00**

**C. Ms. Sherry Kidwell**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111  
City Bucyrus State OH Zip Code 44820-0111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United Ohio Insurance Company Occupation Manager of Application  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 10 / 2014**  
**Transaction ID : A1A9AD75763544239928**  
Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **60.84**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Sherry Kidwell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Manager of Application

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A5B3D5165936A46C487E**

Amount of Each Receipt this Period  
**200.00**

**B. Ms. Barbara Kieffer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

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

Name of Employer Franklin Mutual Insurance Company Occupation Vice President Office Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A451F2C658BFC4706A7A**

Amount of Each Receipt this Period  
**250.00**

**C. Mr. Mark King**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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

Name of Employer Harford Mutual Insurance Company Occupation Vice President & Chief Financial Offic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A6CC4659BB5F8482C821**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **320.00**

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

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

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

FOR LINE NUMBER: PAGE 64 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 200 N Main St

City State Zip Code  
 Bel Air MD 21014-3554

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

Name of Employer Occupation  
 Harford Mutual Insurance Company Vice President & Chief Financial Offic

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : A1AD6EE34B97645C78C4**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Manager, Home Office Claims

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : A95C6ED2457434D22A03**

Amount of Each Receipt this Period  
 45.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Joy Klinker**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

Name of Employer Occupation  
 National Association of Mutual Insuran HR Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A01C266939DC24737AF6**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Joy Klinker**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation HR Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>230.00</b>	

Date of Receipt  
**11 / 03 / 2014**  
**Transaction ID : A4BE6AD602C1F468AA7D**

Amount of Each Receipt this Period  
**10.00**

**B. Ms. Joy Klinker**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation HR Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

Date of Receipt  
**11 / 14 / 2014**  
**Transaction ID : AEF1AE3F5DF244CE49E8**

Amount of Each Receipt this Period  
**10.00**

**c. Mr. Kraig T. Klopfenstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Auto-Owners Insurance Company	Occupation Sales/Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>825.00</b>	

Date of Receipt  
**11 / 06 / 2014**  
**Transaction ID : A11057E46887D4B80972**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.00</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 66 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **836.00**

Date of Receipt **10 / 24 / 2014**

**Transaction ID : A9BA0F1C5F1A746C28FC**

Amount of Each Receipt this Period **38.00**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **874.00**

Date of Receipt **11 / 07 / 2014**

**Transaction ID : A16734A06D8284DCDBEF**

Amount of Each Receipt this Period **38.00**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 17 / 2014**

**Transaction ID : AF3CC1020C8B14D95826**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **86.00**

**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 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Andy Lanphere MLIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Agency Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Date of Receipt  
11 / 03 / 2014  
**Transaction ID : AE07B71BFC27B46118B1**

Amount of Each Receipt this Period  
15.00

**B. Mr. Andy Lanphere MLIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Agency Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
11 / 14 / 2014  
**Transaction ID : A06BCBD52AF6A42FABFA**

Amount of Each Receipt this Period  
15.00

**C. Mr. Justin L. Lear PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 396

City Ellinwood	State KS	Zip Code 67526-0396
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Mutual Insurance Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
10 / 23 / 2014  
**Transaction ID : A4762CE8653A9413DB78**

Amount of Each Receipt this Period  
30.00

<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 68 OF 125
	<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)  
**National Association of Mutual Insurance Companies PAC**

**A. Mr. Justin L. Lear PFMM**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 396

City: Ellinwood      State: KS      Zip Code: 67526-0396

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

Name of Employer: Farmers Mutual Insurance Company      Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 270.00

Date of Receipt: 11 / 17 / 2014  
**Transaction ID : A590B6F20684A41A9973**

Amount of Each Receipt this Period: 30.00

**B. Ms. Theresa Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6927

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

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

Name of Employer: Mutual Assurance Society of Virginia      Occupation: Secretary-Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 490.60

Date of Receipt: 11 / 03 / 2014  
**Transaction ID : A83C809D5495E4D739A0**

Amount of Each Receipt this Period: 41.66

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

Mailing Address 200 N Main St

City: Bel Air      State: MD      Zip Code: 21014-3544

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

Name of Employer: Harford Mutual Insurance Company      Occupation: President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 2456.75

Date of Receipt: 10 / 23 / 2014  
**Transaction ID : ADD279EF7C9994398A95**

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 271.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3544
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2911.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : AB15C0380D9DA419EA13**

Amount of Each Receipt this Period  
454.47

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

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3544
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3365.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

**Transaction ID : AC44E00956D344E4094F**

Amount of Each Receipt this Period  
454.47

Full Name (Last, First, Middle Initial)  
**C. Mr. Brian D. Lopata**

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

Name of Employer Preferred Mutual Insurance Company	Occupation SVP, Profit Center Operations & Custom
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : A0234770932814BC284C**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	988.94
<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: (check only one)	PAGE 70 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411-1896

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
683.17

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2014

**Transaction ID : A12CB772170C74DC1A7D**

Amount of Each Receipt this Period  
76.94

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2014

**Transaction ID : A2C24A321DE4349BCA5C**

Amount of Each Receipt this Period  
22.50

**C. Stephen B. Lubbering**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City State Zip Code  
Columbia MO 65205-0618

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

Name of Employer Occupation  
Columbia Mutual Insurance Company Vice President-Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : AA8C1CA50F5E34D55BC5**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.44

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Stephen B. Lubbering**

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Vice President-Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : ABE5D7A5914084255A29**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : A4CB4B87488AB4BEF9FC**

Amount of Each Receipt this Period  
**41.66**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : ABC3A00873EAB457090D**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>161.66</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 72 OF 125
	<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

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

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

**A. Mrs. Stacey Matteson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1917

City Martinsburg	State WV	Zip Code 25402-1917
---------------------	-------------	------------------------

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

Name of Employer Farmers & Mechanics Mutual Insurance C	Occupation Vice President - Underwriting
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

**Transaction ID : A1696229239C549BEA07**

Amount of Each Receipt this Period  

Amount	60.00
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**B. Mr. James Mayzer**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5626

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

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

Name of Employer Rockford Mutual Insurance Company	Occupation Director - Research & Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.82**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : AE975B1B2824D408BA7F**

Amount of Each Receipt this Period  

Amount	28.86
--------	-------

**C. Mr. Phil McCain**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : AE2F1A33BBD39456C801**

Amount of Each Receipt this Period  

Amount	38.47
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>127.33</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 73 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **884.81**

Date of Receipt **11 / 07 / 2014**

**Transaction ID : A38D0FBDE7F084420B07**

Amount of Each Receipt this Period **38.47**

**B. Mr. James McCormack**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 24 / 2014**

**Transaction ID : AB39787595D5A42E1B65**

Amount of Each Receipt this Period **10.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 10 / 2014**

**Transaction ID : A6A51482A83C84D56A0C**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **58.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. James McCormack**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

Date of Receipt  
11 / 17 / 2014  
**Transaction ID : AC68244CF980348F38AD**

Amount of Each Receipt this Period  
10.00

**B. S.H. McCullough**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124-4017
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation RVP - Montgomery Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Date of Receipt  
11 / 06 / 2014  
**Transaction ID : A1D03556781A642E1B9E**

Amount of Each Receipt this Period  
25.00

**C. Ms. Sherry L. McKenzie AAM, AIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Date of Receipt  
11 / 06 / 2014  
**Transaction ID : A339DC8D79C0F4937BD5**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 75 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 847.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AA9A604F7190149C5A15**  
 Amount of Each Receipt this Period  
 38.50

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A62BF09A8AF5B449F870**  
 Amount of Each Receipt this Period  
 38.50

**C. Mr. Arthur L. Meadows**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3727 Waynesburg Pike Road  
 City Moundsville State WV Zip Code 26041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panhandle Farmers Mutual Insurance Com Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : A23A32DC5EFB24AF5AE2**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	377.00
<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 76 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 30660

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

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

Name of Employer: Auto-Owners Insurance Company Occupation: AVP - Personal Lines Auto

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 455.00

Date of Receipt: 11 / 06 / 2014  
**Transaction ID : A880F4A7A51114E0F9AD**

Amount of Each Receipt this Period: 45.00

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

Mailing Address PO Box 68700

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

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 880.00

Date of Receipt: 10 / 17 / 2014  
**Transaction ID : A481F16572377450292E**

Amount of Each Receipt this Period: 40.00

**C. Mr. David Middleton**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

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

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 920.00

Date of Receipt: 11 / 03 / 2014  
**Transaction ID : A0CDF5175803942CAAAB**

Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 77 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : AB8E734D2743A4C02B5F**

Amount of Each Receipt this Period  

40.00
-------

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **945.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A450ACC0F9ABC4B16954**

Amount of Each Receipt this Period  

45.00
-------

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

**Transaction ID : A7F20C34AFEB44DFB914**

Amount of Each Receipt this Period  

45.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 78 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Dona L. Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 Hopley Ave  
 City Bucyrus State OH Zip Code 44820-3569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : AFFFB2A47CF954BE29E5**  
 Amount of Each Receipt this Period  
 45.00

**B. Chris Moxey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Administrative Services Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A9037CBFA8B44418CA77**  
 Amount of Each Receipt this Period  
 20.84

**C. Chris Moxey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Administrative Services Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A95CD3931E8924CDFAA9**  
 Amount of Each Receipt this Period  
 20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.68
<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 80 OF 125
(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

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

**A. Mr. Joel P. Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Vice President, Personal Lines & Marke
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014

**Transaction ID : ACEB3A8BA63884362814**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A0F03FA8151D54AE9BFF**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 68700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : AC4C617B3912A44D8BF6**

Amount of Each Receipt this Period  
 9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.62
<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 81 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.14

Date of Receipt 11 / 03 / 2014  
**Transaction ID : A4A8F3584DAF7437E9F3**

Amount of Each Receipt this Period 9.62

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.76

Date of Receipt 11 / 14 / 2014  
**Transaction ID : ACE44DDE1A535459D988**

Amount of Each Receipt this Period 9.62

**C. Mr. Robert F. Ohler**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1061.18

Date of Receipt 10 / 24 / 2014  
**Transaction ID : A1FE86B65D7794DAD851**

Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert F. Ohler**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1144.52**

Date of Receipt **11 / 20 / 2014**

**Transaction ID : A24B6B71C962D49E79B6**

Amount of Each Receipt this Period **83.34**

**B. Mr. Paul Otto**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President, Financial Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 06 / 2014**

**Transaction ID : A4B7B3F04311F4C0BBDC**

Amount of Each Receipt this Period **50.00**

**C. Mr. Rodger Owens**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Mutual of Enumclaw Insurance Company Occupation Special Investigation Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 27 / 2014**

**Transaction ID : AFA776FD03FF049D89C0**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **153.34**

**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 83 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Ms. Angela Panowicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Underwriting Supervisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.34

Date of Receipt 10 / 24 / 2014  
**Transaction ID : AD181A53DE5344B36A2E**  
Amount of Each Receipt this Period 20.84

**B. Ms. Angela Panowicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Underwriting Supervisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.18

Date of Receipt 11 / 20 / 2014  
**Transaction ID : A7851A5A6CA0B4DCA9CC**  
Amount of Each Receipt this Period 20.84

**c. Ms. Sandra G. Parrillo CPCU**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6066  
City Providence State RI Zip Code 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 ▼ 480.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : A153657E06C3349B3BEB**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.68  
**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 84 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Sandra G. Parrillo CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6066  
 City Providence State RI Zip Code 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 ▼ 570.00

Date of Receipt 11 / 07 / 2014  
**Transaction ID : A98C278BBE2B44F9AAC7**  
 Amount of Each Receipt this Period 90.00

**B. Mr. John A. Paul PFMM, FMDC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 498  
 City Council Bluffs State IA Zip Code 51502-0498  
 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 ▼ 3010.00

Date of Receipt 11 / 17 / 2014  
**Transaction ID : A94B8C465DFC74D6BA4D**  
 Amount of Each Receipt this Period 100.00

**C. Ms. Helen Pettersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation IT Project Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : A992FB5F592D04A1EAFE**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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 85 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Helen Pettersen**

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation IT Project Leader
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

**Transaction ID : A3ADE8D79CD80445AA4E**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Helen Pettersen**

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation IT Project Leader
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

**Transaction ID : A575CF96E5E154D48951**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Andrea I. Phillips**

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 Asst. Vice President, Personal Lines U
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

**Transaction ID : A419055CC4B704870800**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 86 OF 125
	<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)  
**National Association of Mutual Insurance Companies PAC**

**A. Mr. Jeffery Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 06 / 2014  
**Transaction ID : ADBB31460051E4C2EA78**

Amount of Each Receipt this Period 200.00

**B. Ms. Mary S. Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 538.63

Date of Receipt 11 / 06 / 2014  
**Transaction ID : AEFCE92C3464C4F458FC**

Amount of Each Receipt this Period 58.33

**C. Mr. Mike Pike**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Human Resources Professional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 06 / 2014  
**Transaction ID : A58AF94AF4C064791902**

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.33

**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 87 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. June A. Poole A.I.A.F.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2071CEAFC5484952AD7**  
 Amount of Each Receipt this Period  
 20.84

**B. Ms. June A. Poole A.I.A.F.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.18

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A56DF6B53BF0A49E9BD8**  
 Amount of Each Receipt this Period  
 20.84

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A1EC539B584124990963**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.68  
**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 88 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John R. Purse**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 17 / 2014

**Transaction ID : A059205406C5242BD9B8**

Amount of Each Receipt this Period  
62.50

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2014

**Transaction ID : A3FA897C2F90C4CB3B10**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Mike Rasmussen**

Mailing Address 1460 Wells St

City State Zip Code  
Enumclaw WA 98022-3003

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

Name of Employer Occupation  
Mutual of Enumclaw Insurance Company Field Claim Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.48

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : A0FB80F722BD04E1C99A**

Amount of Each Receipt this Period  
21.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.18

**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 89 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Liz Reynolds CPCU, API**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

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

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

Name of Employer National Association of Mutual Insuran	Occupation Director - State Affairs, Southeast Re
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : AE3CBA4326F42418A8C3**

Amount of Each Receipt this Period  
 10.00

**B. Ms. Liz Reynolds CPCU, API**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

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

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

Name of Employer National Association of Mutual Insuran	Occupation Director - State Affairs, Southeast Re
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : A17756E39E63244FFA09**

Amount of Each Receipt this Period  
 10.00

**C. Ms. Liz Reynolds CPCU, API**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

City 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 - State Affairs, Southeast Re
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : A43E8E013D2704DC1A5A**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 90 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Jonathan R. Riekse**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**914.03**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : AC928B2C2B06549058D9**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Mr. Jeff Rink**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

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

Name of Employer Occupation  
Harford Mutual Insurance Company Director of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**402.72**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A7AA7BF9D497E45FF9C5**

Amount of Each Receipt this Period  
**41.66**

Full Name (Last, First, Middle Initial)  
**C. Mr. Jeff Rink**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

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

Name of Employer Occupation  
Harford Mutual Insurance Company Director of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**444.38**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : A2A5E4683C24D41289F7**

Amount of Each Receipt this Period  
**41.66**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>166.65</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 91 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Jonathan Rodgers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : AF23CAEBFE65949D881F**

Amount of Each Receipt this Period  
 10.00

**B. Mr. Jonathan Rodgers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A933893D8CCE64ABC3E**

Amount of Each Receipt this Period  
 10.00

**C. Mr. Jonathan Rodgers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : A0DEC4D2DF31A4E82987**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 92 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Ed Roesch</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014 <b>Transaction ID : AE9A548EC11C843009E8</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 10.00
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 Director, Claims Department
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ed Roesch</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014 <b>Transaction ID : ACC73B02A610342CDA20</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 10.00
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 Director, Claims Department
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Ed Roesch</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014 <b>Transaction ID : A3930C89D27234EA9AE8</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 10.00
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 Director, Claims Department
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 93 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Timothy Rutledge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Director of Accounting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A0EB9BB677EDE4073A6C**  
 Amount of Each Receipt this Period  
 20.84

**B. Mr. Timothy Rutledge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Director of Accounting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 236.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A98CA2D41EC4649AABD9**  
 Amount of Each Receipt this Period  
 20.84

**C. Mr. Fred Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Director, Field Agency Marketing  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : AD28F630395DB4186BAA**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.68
<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 94 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Mr. Fred Schneiderman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Mutual Insurance Company Occupation Director Personal Lines/Underwriting S  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt **11 / 10 / 2014**  
**Transaction ID : AE24BECB50BDC46B1816**  
 Amount of Each Receipt this Period **30.00**

**B. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **11 / 06 / 2014**  
**Transaction ID : ABDDEFADF5F36427399B**  
 Amount of Each Receipt this Period **50.00**

**C. Mr. James C. Schumacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 06 / 2014**  
**Transaction ID : ADD72CB6FFBA84AFAA16**  
 Amount of Each Receipt this Period **42.00**

**SUBTOTAL** of Receipts This Page (optional)..... **122.00**  
**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 95 OF 125
	<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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Rebecca Sellers**

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Mutual of Enumclaw Insurance Company Occupation Field Claim Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : A82640825748F41A193B**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Phyllis Senseman LUTCF**

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : ADDA224F6C226420E989**

Amount of Each Receipt this Period  
**20.84**

Full Name (Last, First, Middle Initial)  
**c. Ms. Phyllis Senseman LUTCF**

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A1E5D830B3F434FFB936**

Amount of Each Receipt this Period  
**20.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>61.68</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 96 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Kent B. Shantz**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 891.50

Date of Receipt 11 / 10 / 2014  
**Transaction ID : AECD36EB19C474C6DA2C**

Amount of Each Receipt this Period 115.50

**B. Mr. Christopher G. Shipe CPCU, AIT**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

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

Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 23 / 2014  
**Transaction ID : A319CCC621DE9421893F**

Amount of Each Receipt this Period 100.00

**c. Mr. Christopher G. Shipe CPCU, AIT**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

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

Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 17 / 2014  
**Transaction ID : A40CCC5DA5D2A4EEBBF/**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.50

**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 97 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 577

City: Huntingdon State: PA Zip Code: 16652-0577

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

Name of Employer: Mutual Benefit Insurance Company Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 11 / 17 / 2014  
**Transaction ID : AA627C561E583484DA20**

Amount of Each Receipt this Period: 625.00

**B. Mr. Donald A. Smith Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

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

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

Name of Employer: CopperPoint Mutual Insurance Company Occupation: President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 2100.00

Date of Receipt: 10 / 21 / 2014  
**Transaction ID : A784A1C5E5FF941C98ED**

Amount of Each Receipt this Period: 105.00

**C. Mr. Donald A. Smith Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

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

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

Name of Employer: CopperPoint Mutual Insurance Company Occupation: President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 2205.00

Date of Receipt: 11 / 13 / 2014  
**Transaction ID : AC413999BC3B94D1695F**

Amount of Each Receipt this Period: 105.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 835.00

**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 98 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Irica Solomon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1010.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : A3FF19BD53B5B470A8DD**

Amount of Each Receipt this Period  
45.46

**B. Ms. Irica Solomon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1055.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

**Transaction ID : AEADCCAA8DEC448398DE**

Amount of Each Receipt this Period  
45.46

**C. Ms. Irica Solomon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1101.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : AAA69A054AB194892BB4**

Amount of Each Receipt this Period  
45.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.38
<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 99 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Steven C. Speicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Forest Regio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A93E3287FC75145D885F**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. John R. Spielberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 861.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AD6D0F7124726409C936**  
 Amount of Each Receipt this Period  
 83.34

**C. Mr. John R. Spielberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 944.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A50BC15BC5BCD4658B3E**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.68
<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 100 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : AA75A6D8FEB72416EACA**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A67D93296CE464A9ABCD**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : AE0D2F65334E046BC958**

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 101 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Randy Sprouse</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 200 N Main St		<b>Transaction ID : AA99021230C5545DDAF3</b>
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer Harford Mutual Insurance Company	Occupation Applications Development Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.34	

Full Name (Last, First, Middle Initial) <b>B. Mr. Randy Sprouse</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 200 N Main St		<b>Transaction ID : AB9171D9A35204F45B8B</b>
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84	
Name of Employer Harford Mutual Insurance Company	Occupation Applications Development Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.18	

Full Name (Last, First, Middle Initial) <b>C. Mr. Scott St. Angel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
Mailing Address 23 Royal Rd Ste 100		<b>Transaction ID : A09CD75A779BD455788A</b>
City Flemington	State NJ	Zip Code 08822-6001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Farmers Insurance Company of Flemington	Occupation President & CEO	
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).....▶	66.68
<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 102 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411-1800

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

Name of Employer Occupation  
Preferred Mutual Insurance Company Vice President, Commercial Lines Profi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : A0D185EB9C1504AD69E2**

Amount of Each Receipt this Period  
38.50

Full Name (Last, First, Middle Initial)  
**B. Ms. Patricia Stifler**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

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

Name of Employer Occupation  
Harford Mutual Insurance Company Business Development Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AC365E19D4CD2439DB5D**

Amount of Each Receipt this Period  
20.84

Full Name (Last, First, Middle Initial)  
**C. Ms. Patricia Stifler**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

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

Name of Employer Occupation  
Harford Mutual Insurance Company Business Development Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A86165A3F46B646ECA53**

Amount of Each Receipt this Period  
20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.18

**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 103 OF 125  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. Robert G. Street AIM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St  
City Dedham State MA Zip Code 02026-1850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation NE Casualty Claims Division Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2014  
Transaction ID : **A3DBEBBCA8F7C41DA85**  
Amount of Each Receipt this Period 20.00

**B. Mr. Robert G. Street AIM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St  
City Dedham State MA Zip Code 02026-1850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation NE Casualty Claims Division Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 29 / 2014  
Transaction ID : **A6274FB912105438FB3A**  
Amount of Each Receipt this Period 20.00

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

Date of Receipt 11 / 17 / 2014  
Transaction ID : **A7DAB23B047E64298A48**  
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 104 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : AE52C36E9FA784DC4B93**  
 Amount of Each Receipt this Period  
 20.00

**B. Ms. Mary B. Sullivan CIC, AAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City State Zip Code  
 Indianapolis IN 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAMIC Insurance Company, Inc. NIA Operations Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 242.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : A75C1AB8ACFFF4E4A99E**  
 Amount of Each Receipt this Period  
 10.00

**C. Ms. Mary B. Sullivan CIC, AAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City State Zip Code  
 Indianapolis IN 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAMIC Insurance Company, Inc. NIA Operations Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : A156501D685F84536AC9**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Ms. Mary B. Sullivan CIC, AAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation NIA Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 14 / 2014  
**Transaction ID : AA64EE705495E41D792D**  
 Amount of Each Receipt this Period 10.00

**B. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 17 / 2014  
**Transaction ID : A166BC9F9F9034A57BDA**  
 Amount of Each Receipt this Period 96.15

**c. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2211.45

Date of Receipt 11 / 03 / 2014  
**Transaction ID : AB6EC06317CD442DF9CA**  
 Amount of Each Receipt this Period 96.15

**SUBTOTAL** of Receipts This Page (optional).....▶ 202.30  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 106 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : AB825758889C044869D2**  
 Amount of Each Receipt this Period  
 96.15

**B. Mr. Terry Suttner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 892.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : AF15EAFA0E53540F788A**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Terry Suttner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 932.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : AD30D1B0375D0463E96C**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.15  
**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 107 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Terry Suttner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **972.63**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : AD142F16A4258416DBDA**  
 Amount of Each Receipt this Period  
 40.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A7E3BE9810D384DB4A3F**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Paul Tetrault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation State & Policy Affairs Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : A3F353D109DAD4679BC7**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... **160.00**  
**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 108 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

Name of Employer Occupation  
 National Association of Mutual Insuran State & Policy Affairs Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A6E1253F1DE7440249C3**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

Name of Employer Occupation  
 National Association of Mutual Insuran State & Policy Affairs Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : A3A2889AE4F8C45B8834**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Daniel J. Thelen**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President of Human Resourc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : AF287E98927FF4FA3A15**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00

**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 109 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Joe Thesing</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : A50B5B84246F548A1BBB</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	Aggregate Year-to-Date ▼ 880.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Joe Thesing</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : A3845D4D0C8E249CA9AB</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	Aggregate Year-to-Date ▼ 920.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Joe Thesing</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 68700		<b>Transaction ID : A4BE60845A2044FDE85F</b>
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	Aggregate Year-to-Date ▼ 960.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 110 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Bruce D. Thomas PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 594  
 City Algona State IA Zip Code 50511-0594  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Mutual Insurance Association Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1600.00**

Date of Receipt **11 / 16 / 2014**  
**Transaction ID : A2B4E951DF6924C6A979**  
 Amount of Each Receipt this Period **200.00**

**B. Mr. Gary W. Thompson CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2200.00**

Date of Receipt **11 / 03 / 2014**  
**Transaction ID : AF17DC0E464984CD4ACB**  
 Amount of Each Receipt this Period **200.00**

**c. Mr. Gary W. Thompson CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2400.00**

Date of Receipt **11 / 20 / 2014**  
**Transaction ID : A929A561DFC284472AF9**  
 Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 111 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A96AC994EC01A418C948**  
 Amount of Each Receipt this Period  
 39.00

**B. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A87BB7154767144A8B6F**  
 Amount of Each Receipt this Period  
 39.00

**C. Mrs. Ellen S. Truant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President-Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AE909078557904A29A75**  
 Amount of Each Receipt this Period  
 41.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mrs. Ellen S. Truant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President-Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 472.16

Date of Receipt 11 / 20 / 2014  
**Transaction ID : A7123E3ACC13141889B6**  
 Amount of Each Receipt this Period 41.66

**B. Mr. Michael Ulmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 17 / 2014  
**Transaction ID : A0223F6A06AF348BA8C0**  
 Amount of Each Receipt this Period 10.00

**C. Mr. Michael Ulmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 03 / 2014  
**Transaction ID : ABD7F9D7B3A2E40FDADC**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 14 / 2014  
**Transaction ID : AC2888BB0B7B34B8E864**

Amount of Each Receipt this Period 10.00

**B. Mr. Aaron J. Valentine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 10 / 2014  
**Transaction ID : A9B1445F847D9470ABF6**

Amount of Each Receipt this Period 80.00

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

Mailing Address 5602 Riverside Dr

City Dublin State OH Zip Code 43017-1547

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

Name of Employer Ohio Mutual Insurance Company Occupation Director-Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2014  
**Transaction ID : A03641B3DDBB2A481CBBB**

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

**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 114 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. James J. Walsh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Vice President-Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A14A41C96DDA34A909E5**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Joseph Walsh CPCU, CIC,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company Manager - Business Insurance Products  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : AEF17CAC5D311493D859**  
 Amount of Each Receipt this Period  
 10.00

**c. Mr. Joseph Walsh CPCU, CIC,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company Manager - Business Insurance Products  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014  
**Transaction ID : A8651BC269D844745A7E**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Joseph Walsh CPCU, CIC,**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 17 / 2014  
**Transaction ID : AF741FCC059C74A98A60**

Amount of Each Receipt this Period  
10.00

**B. Mr. Ian R. Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Investments and	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2014  
**Transaction ID : A4BDCC826C88D47D7ACB**

Amount of Each Receipt this Period  
70.00

**C. Mr. Mark Wenger**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President and Chief P&C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2014  
**Transaction ID : A9C72E00BA9B44351A65**

Amount of Each Receipt this Period  
84.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	164.00
<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 116 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Mr. Michael Wenos CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 129  
 One Mutual Court  
 City Edwardsville State IL Zip Code 62025-0129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madison Mutual Insurance Company 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 Y Y  
 10 / 24 / 2014  
**Transaction ID : AC83BF3A26CB84E479D5**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Wayne F. White CPA, PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 860  
 City Bryant State AR Zip Code 72089-0860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Union Mutual Insurance Company Occupation Vice President, Secretary/Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : ABCBCFDD389CA41DC8C**  
 Amount of Each Receipt this Period  
 625.00

**C. Mr. Gordon E. Wickham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP-Information Systems & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : A8E20DF23CB434D1AABD**  
 Amount of Each Receipt this Period  
 21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	896.00
<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 117 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt  
 /  /   
**Transaction ID : A27C111B44C7141EBAE5**

Amount of Each Receipt this Period

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **437.43**

Date of Receipt  
 /  /   
**Transaction ID : A910CDF8017034C508F9**

Amount of Each Receipt this Period

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **324.00**

Date of Receipt  
 /  /   
**Transaction ID : A77814379B5F746FAA1E**

Amount of Each Receipt this Period

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

**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 118 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : A7EAE99F3CC2749E893B**

Amount of Each Receipt this Period **21.00**

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

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3968

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **946.97**

Date of Receipt **11 / 06 / 2014**

**Transaction ID : A3B94D572978C4019825**

Amount of Each Receipt this Period **91.67**

**c. Mr. Jeffrey S. Wrobel SR, CPCU**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **458.60**

Date of Receipt **11 / 03 / 2014**

**Transaction ID : AF759134225D748F4B2F**

Amount of Each Receipt this Period **41.66**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>154.33</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 119 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Mr. William J. Wynne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Underwriting Specialist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A5D61DD3F339C43A08CC**  
 Amount of Each Receipt this Period  
 20.84

**B. Mr. William J. Wynne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Underwriting Specialist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 236.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : A975DCB0CE1204A56B3C**  
 Amount of Each Receipt this Period  
 20.84

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2014  
**Transaction ID : ABE229BFEA62F46968EE**  
 Amount of Each Receipt this Period  
 22.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.68
<b>TOTAL</b> This Period (last page this line number only).....	20190.91

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

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

FOR LINE NUMBER: PAGE 120 OF 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address PO Box 6008

City State Zip Code  
 Providence RI 02940

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A795E6954447343D18C5**

Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A83D887EF24F344C0A6E**

Amount of Each Receipt this Period  
 4000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

**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 121 OF 125
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. NAMIC Administrative Fund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Vincennes Rd  
City Indianapolis State IN Zip Code 46268-1154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2861.82

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2014  
**Transaction ID : AA09BF78821D4415DADF**  
Amount of Each Receipt this Period 523.80  
Reimb. of bank fees

**B. NAMIC Administrative Fund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Vincennes Rd  
City Indianapolis State IN Zip Code 46268-1154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 3715.21

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2014  
**Transaction ID : A9B9DD54EA2CB4191853**  
Amount of Each Receipt this Period 853.39  
Reimb. of bank fees

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1377.19
<b>TOTAL</b> This Period (last page this line number only).....▶	1377.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : B2C9503B3B78143AB96D

Amount of Each Disbursement this Period

180.70
--------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : BE1D8C29571EE462B826

Amount of Each Disbursement this Period

7.95
------

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : B38623ABED92A4C8DAF0

Amount of Each Disbursement this Period

69.47
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

258.12
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

**Transaction ID : B08C40148B1F04714941**

Amount of Each Disbursement this Period

626.04
--------

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

**Transaction ID : B2F192AED49C947968D7**

Amount of Each Disbursement this Period

184.67
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

810.71
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1068.83
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Joseph Crowley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

**Transaction ID : BA739C1D300FA4D09A64**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement  
Political Contribution

Candidate Name

**Ryan A Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

**Transaction ID : B91D1BDB663DD4A53864**

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

6000.00
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6000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Bill Hightower for Senate**

Mailing Address Post Office Box 91335

City State Zip Code  
Mobile AL 36691-1335

Purpose of Disbursement  
VOID - Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : B47B835D3E0AE4B059DD**

Amount of Each Disbursement this Period

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

**B. Mike Turzai Campaign**

Mailing Address PO Box 721

City State Zip Code  
Wexford PA 15090-0721

Purpose of Disbursement  
VOID - Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	4

**Transaction ID : B0B3E59B52E694842855**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Mike Turzai Campaign**

Mailing Address PO Box 721

City State Zip Code  
Wexford PA 15090-0721

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	4

**Transaction ID : B0E0580B5C3554F8E816**

Amount of Each Disbursement this Period

1	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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