

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Mutual Insurance Companies PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2015 through 10 / 31 / 2015

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

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date 11 / 17 / 2015

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

**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="2015"/>	<input type="text" value="78506.16"/>	<input type="text" value="78506.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="42740.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="80626.28"/>	<input type="text" value="485627.80"/>
(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="123367.01"/>	<input type="text" value="564133.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23822.63"/>	<input type="text" value="464589.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="99544.38"/>	<input type="text" value="99544.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	57042.98	332127.34
(ii) Unitemized	5274.72	99193.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62317.70	431320.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	18000.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	80317.70	483820.74
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).....	305.40	1767.87
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.18	39.19
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))..... ▶	80626.28	485627.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80626.28	485627.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4322.63	6339.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4322.63	6339.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	417000.00
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	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements	9500.00	40000.00
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)) ..	23822.63	464589.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23822.63	464589.58

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)	80317.70	483820.74
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80317.70	482570.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4322.63	6339.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	305.40	1767.87
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4017.23	4571.71

**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 151
	<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. Ms. Cathy M. Adcock
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
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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 ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A3432FDB1DA31447CB44

Amount of Each Receipt this Period
 850.00

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 / 07 / 2015
Transaction ID : A0156561FAD1241C08D0

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
 10 / 27 / 2015
Transaction ID : A7282D32E75E84023B02

Amount of Each Receipt this Period
 30.00

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 7 OF 151
<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 Jim Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2502
 City Fargo State ND Zip Code 58108-2502
 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 ▼ **750.00**

Date of Receipt: **10 / 09 / 2015**
Transaction ID : ADE83D69E0D254EEABE7
 Amount of Each Receipt this Period: **250.00**

B. Mr. Thomas Alighieri
 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: Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt: **10 / 02 / 2015**
Transaction ID : A20A4C83268FE4F35A9D
 Amount of Each Receipt this Period: **20.00**

C. Mr. Thomas Alighieri
 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: Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **440.00**

Date of Receipt: **10 / 14 / 2015**
Transaction ID : A6337D1F1AF4A4FA6B17
 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: PAGE 8 OF 151
(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. Thomas Alighieri
 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 Treasurer
 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
 10 / 30 / 2015
Transaction ID : A5F94625FE48C4C8787E
 Amount of Each Receipt this Period
 20.00

B. Mr. Neil Aldredge
 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 Occupation
 National Association of Mutual Insuran Senior Vice President - State and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : A7F66ABAB4F1A4384B62
 Amount of Each Receipt this Period
 40.00

C. Mr. Neil Aldredge
 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 Occupation
 National Association of Mutual Insuran Senior Vice President - State and Poli
 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
 10 / 19 / 2015
Transaction ID : A3AD359901BCD4FBCB1E
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 9 OF 151
(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 Aldredge
 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 ▼ 880.00

Date of Receipt 10 / 30 / 2015
Transaction ID : A44D03F0A14364A8CACC
 Amount of Each Receipt this Period 40.00

B. Mr. Richard Alleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director, Network Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2015
Transaction ID : A7EF35397C1314560B03
 Amount of Each Receipt this Period 20.00

C. Mr. Richard Alleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director, Network Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 14 / 2015
Transaction ID : A43CD4DE2FAA74E36AC6
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 151
	<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. Richard Alleman
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director, Network Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
10 / 30 / 2015
Transaction ID : A5FB91B8363E54370B98

Amount of Each Receipt this Period
20.00

B. Ms. Diane Allen
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 Vice President-Personnel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
10 / 09 / 2015
Transaction ID : A0B8C3C8F6DEE4830B05

Amount of Each Receipt this Period
75.00

c. Mr. David L. Anderson CPCU, PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 276

City Canton State SD Zip Code 57013-0276

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

Name of Employer Farm Mutual Insurance Company of Linco Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt
10 / 07 / 2015
Transaction ID : A586085B7639F4B69B7E

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 11 OF 151
	<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 L. Anderson CPCU, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 276
 City Canton State SD Zip Code 57013-0276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farm Mutual Insurance Company of Linco Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A4A614A5440BB4E5EA24
 Amount of Each Receipt this Period 800.00

B. Mr. Rick A. Arens
 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 Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A661F94ED156343C7969
 Amount of Each Receipt this Period 25.00

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation PAC Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.50

Date of Receipt 10 / 05 / 2015
Transaction ID : A41A50EAD5E9547B498C
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 845.00
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 15 OF 151
	<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. Chris Belcher

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **704.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : A83EB45FE47EC45B9A37

Amount of Each Receipt this Period
66.66

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ **2457.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : A78EB0FB18AD5403D95C

Amount of Each Receipt this Period
117.00

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 / 23 / 2015

Transaction ID : A4A1D886962034157B18

Amount of Each Receipt this Period
117.00

SUBTOTAL of Receipts This Page (optional).....▶	300.66
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: PAGE 16 OF 151
(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. Deborah Betten
 Full Name (Last, First, Middle Initial)
 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 Director of Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A8D52E37906EE4E6F975
 Amount of Each Receipt this Period
 20.84

B. Ms. Deborah Betten
 Full Name (Last, First, Middle Initial)
 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 Director of Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : A4E7B8377C5774ADB840
 Amount of Each Receipt this Period
 20.84

C. Mr. D. William Biddle
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 527
 City State Zip Code
 Indianapolis IN 46206-0527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Indiana Farmers Mutual Insurance Compa 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 / 07 / 2015
Transaction ID : A0A4D041234C541E99A8
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 341.68
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 17 OF 151
<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. Jake Black
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 968

City Concordia State MO Zip Code 64020-0968

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

Name of Employer CFM Insurance, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2015
Transaction ID : AAA60CC32684C4DAAB3E

Amount of Each Receipt this Period 50.00

B. Mr. Don W. Blackwell
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Indiana Lumbersmens Mutual Insurance Co Occupation Secretary & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A973BE0DF606A48E2AB4

Amount of Each Receipt this Period 20.00

C. Mr. Don W. Blackwell
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Indiana Lumbersmens Mutual Insurance Co Occupation Secretary & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2015
Transaction ID : AAF2F52C4E9884F20A9A

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 151
	<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. Don W. Blackwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana Lumbermens Mutual Insurance Co Occupation Secretary & Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A8BC11AA62CCC43EF886
 Amount of Each Receipt this Period **200.00**

B. Mr. William C. Bonaudi
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 778
 City Seattle State WA Zip Code 98111-0778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEMCO Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **10 / 07 / 2015**
Transaction ID : AB0BE4EE76343496AB84
 Amount of Each Receipt this Period **350.00**

C. Ms. Tina Brumley
 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 **250.00**

Date of Receipt **10 / 09 / 2015**
Transaction ID : A70315068D1E648F59D3
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Stephen Buell
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	

Date of Receipt
10 / 09 / 2015
Transaction ID : A1C64FB7210ED489C977

Amount of Each Receipt this Period
59.00

B. Mr. Jared Carlson
Full Name (Last, First, Middle Initial)
Mailing Address 101 N Wooster St

City Algona	State IA	Zip Code 50511-2825
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Mutual Insurance Association	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
10 / 19 / 2015
Transaction ID : A1FFB8E2A40E94523AF3

Amount of Each Receipt this Period
50.00

C. Mr. Tod J. Carmony CPCU
Full Name (Last, First, Middle Initial)
Mailing Address 3873 Cleveland Rd

City Wooster	State OH	Zip Code 44691-1221
FEC ID number of contributing federal political committee. C		
Name of Employer Wayne Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Date of Receipt
10 / 07 / 2015
Transaction ID : A63E3ADDAA0124AD9A8F

Amount of Each Receipt this Period
2300.00

SUBTOTAL of Receipts This Page (optional).....▶	2409.00
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 20 OF 151
	<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. Tod J. Carmony CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 3873 Cleveland Rd
 City Wooster State OH Zip Code 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A765A206D02164048867
 Amount of Each Receipt this Period 300.00

B. Mr. Tod J. Carmony CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 3873 Cleveland Rd
 City Wooster State OH Zip Code 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A7355FE05F16E49E79F5
 Amount of Each Receipt this Period 100.00

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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 729.05

Date of Receipt 10 / 02 / 2015
Transaction ID : A9CCFB7652D28496083C
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional).....▶	420.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 151
	<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. 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: Primary General Other (specify) Aggregate Year-to-Date **749.88**

Date of Receipt **10 / 16 / 2015**
Transaction ID : ADE582FAA76EE4730AB2
Amount of Each Receipt this Period **20.83**

B. Ms. Dawn Carter
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 Underwriting Quality Analyst
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **208.38**

Date of Receipt **10 / 29 / 2015**
Transaction ID : ADAE33CFAEBEA44ADBF
Amount of Each Receipt this Period **20.84**

C. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1800.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : AD758550EEB4249BABC4
Amount of Each Receipt this Period **90.00**

SUBTOTAL of Receipts This Page (optional)..... **131.67**
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 151
	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1890.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2015
Transaction ID : A84E6ED2F6C324FDB998

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1980.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : A02ECB2364F724B0292A

Amount of Each Receipt this Period
90.00

C. Mr. John Charamella
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 Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2015
Transaction ID : AC84FE11EA41B4302B71

Amount of Each Receipt this Period
35.00

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: (check only one)	PAGE 23 OF 151
<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. Peter Chung
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 Personal Lines Business Unit Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 30 / 2015
Transaction ID : AE7BEDB032C134205881
Amount of Each Receipt this Period 10.00

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 ▼ 858.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A8CDCE0917DAB4994A71
Amount of Each Receipt this Period 39.00

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 ▼ 897.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A6EDEC9174EF74143A62
Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional).....▶ 88.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 151
	<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 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 Norfolk & Dedham Mutual Fire Insurance Occupation Corporate Secretary, NE Division Manag
 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
 10 / 02 / 2015
Transaction ID : A94600A44551B4B19AE0
 Amount of Each Receipt this Period
 20.00

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 Norfolk & Dedham Mutual Fire Insurance Occupation Corporate Secretary, NE Division Manag
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : A6B9265442E714A21B9B
 Amount of Each Receipt this Period
 20.00

c. 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 Norfolk & Dedham Mutual Fire Insurance Occupation Corporate Secretary, NE Division Manag
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : A588755AE830A43C49E1
 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 26 OF 151
<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. Ms. Kathleen Daly
 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 Underwriting Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.32**

Date of Receipt **10 / 16 / 2015**
Transaction ID : A265ED2976C5A44A0ACE
 Amount of Each Receipt this Period **10.42**

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: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 07 / 2015**
Transaction ID : A4130281011D7498ABDA
 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 Ohio Mutual Insurance Company Occupation Material Damage Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A19D68CE15C7F48F2A0E
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **30.42**
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 27 OF 151
(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. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 10 / 05 / 2015
Transaction ID : AA7E3BFA694094D21AB3
 Amount of Each Receipt this Period 25.00

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

Date of Receipt 10 / 09 / 2015
Transaction ID : A04368FE444CB419BB95
 Amount of Each Receipt this Period 50.00

C. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 16 / 2015
Transaction ID : ADB83E24A79BB45FAB2F
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 869.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : A487034740A9146168A9
 Amount of Each Receipt this Period
 100.00

B. Mr. David DeGeorge
 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 Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : A2A73D189A64648F4843
 Amount of Each Receipt this Period
 20.83

c. Mr. David DeGeorge
 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 Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : A2D039A56A04E4848A30
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional).....▶	141.66
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 29 OF 151
	<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. Rick DeGraw
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 Executive Vice President & Chief Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 791.54

Date of Receipt 10 / 02 / 2015
Transaction ID : A4C6AC160451A46D891D
Amount of Each Receipt this Period 41.66

B. Mr. Rick DeGraw
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 Executive Vice President & Chief Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.20

Date of Receipt 10 / 16 / 2015
Transaction ID : ADE7CED1C26C341FA948
Amount of Each Receipt this Period 41.66

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

Date of Receipt 10 / 02 / 2015
Transaction ID : A2BF578288B7F4305845
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.32
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 30 OF 151
	<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. Timothy J. Del Grande
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

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

Name of Employer	Occupation
Norfolk & Dedham Mutual Fire Insurance	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : A9D8AB66CA9D0448EA28

Amount of Each Receipt this Period
10.00

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

Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

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

Name of Employer	Occupation
Norfolk & Dedham Mutual Fire Insurance	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : A429C3921C05C4345A2F

Amount of Each Receipt this Period
10.00

C. Ms. Rebekah L. Deters
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 207

City	State	Zip Code
Teutopolis	IL	62467-0207

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

Name of Employer	Occupation
Home Farmers Mutual Insurance Company	Office Manager/Secretary/Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : AE1C1E39F79FF4DFE884

Amount of Each Receipt this Period
100.00

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 31 OF 151
	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 869.60	

Date of Receipt
10 / 05 / 2015
Transaction ID : A1BAD2702F46E4094848

Amount of Each Receipt this Period
43.48

B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 913.08	

Date of Receipt
10 / 19 / 2015
Transaction ID : A2D9EC3CE17074FD08FB

Amount of Each Receipt this Period
43.48

c. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 956.56	

Date of Receipt
10 / 30 / 2015
Transaction ID : ACE5404F3D1344D47B36

Amount of Each Receipt this Period
43.48

SUBTOTAL of Receipts This Page (optional).....▶	130.44
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 32 OF 151
	<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. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : AD5949E9C05C2410A9E1
 Amount of Each Receipt this Period
 200.00

B. Mr. Martin M. Doto CPCU, MSIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President Insurance Operat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : AAE8CC732AD4E49EB9E1
 Amount of Each Receipt this Period
 8.00

C. Mr. Donald Dravenstott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 S Main St
 City Orrville State OH Zip Code 44667-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mennonite 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 / 07 / 2015
Transaction ID : ABD57E47F06C64B238E9
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	328.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 151
	<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 ▼ **766.70**

Date of Receipt **10 / 09 / 2015**

Transaction ID : A0B1B607613CC46C99BD

Amount of Each Receipt this Period **91.70**

B. Mr. Don Duran
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 834

City Atwater State CA Zip Code 95301-0834

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

Name of Employer Merced Property & Casualty Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : A8C343B865570474BB4E

Amount of Each Receipt this Period **300.00**

C. Mr. Don Duran
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 834

City Atwater State CA Zip Code 95301-0834

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

Name of Employer Merced Property & Casualty Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : ADD7850399CC54F09BA1

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **491.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 151
	<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. 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 ▼
1923.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : A74AD22BA1A2F441AA4C

Amount of Each Receipt this Period

96.16

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 ▼
2019.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : AF8C37567CCB1405B9D1

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 ▼
2115.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : AF8737B4406E24183B92

Amount of Each Receipt this Period

96.16

SUBTOTAL of Receipts This Page (optional).....▶	288.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼
1617.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : A61D12648AFB84388AC8

Amount of Each Receipt this Period
77.00

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼
1694.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : A9A2ED579A92848BC964

Amount of Each Receipt this Period
77.00

C. Mr. Paul Ehlert JD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 645

City Brenham State TX Zip Code 77834-0645

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

Name of Employer Germania Farm Mutual Insurance Associa Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : AAF8A69983FD24484911

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	254.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 151
(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. Rhonda Ehler
 Mailing Address 1704 Walsch Ln
 City Brenham State TX Zip Code 77833-5077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Germaniam Farm Mutual Insurance Associa Occupation Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : AD9C08D6203C84154B58
 Amount of Each Receipt this Period
 1600.00

Full Name (Last, First, Middle Initial)
B. Mr. Andrew M. Eriksen
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A337333BF257044CCAA2
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
c. Mr. Keith Escue
 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 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 / 19 / 2015
Transaction ID : AFD363DE1715642B1A15
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1725.00
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 37 OF 151
	(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. Mark H. Ewert		Date of Receipt
Mailing Address 20935 Swenson Dr Ste 200		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Waukesha	WI	53186-2057
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9DD4108343394B7C9AB
Name of Employer Partners Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Executive Vice President, Secretary, &		<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Mark H. Ewert		Date of Receipt
Mailing Address 20935 Swenson Dr Ste 200		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Waukesha	WI	53186-2057
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3C5FBBB4F94E4C04992
Name of Employer Partners Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Executive Vice President, Secretary, &		<input type="text" value="1110.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Mark H. Ewert		Date of Receipt
Mailing Address 20935 Swenson Dr Ste 200		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Waukesha	WI	53186-2057
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A98F3A0A28D9346ED948
Name of Employer Partners Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Executive Vice President, Secretary, &		<input type="text" value="110.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1320.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 151
	<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. Stephen F. Fabian
 Full Name (Last, First, Middle Initial)
 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 Information Offi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A255DAD7A87D64E0592D
 Amount of Each Receipt this Period
 83.34

B. Mr. Stephen F. Fabian
 Full Name (Last, First, Middle Initial)
 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 Information Offi
 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
 10 / 29 / 2015
Transaction ID : A516887CADFBF4F69ADD
 Amount of Each Receipt this Period
 83.34

C. Mr. Robert Fagerburg
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Main St
 City State Zip Code
 Buffalo NY 14202-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Merchants Mutual Insurance Company Vice President of Claims
 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 / 16 / 2015
Transaction ID : AB641E42A06794721888
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.68
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 39 OF 151
	<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. Michael L. Faron 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Business Unit Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : A3FFC5127CE794446BF9
 Amount of Each Receipt this Period
 40.00

B. Mr. Michael L. Faron 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Business Unit Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : A92950D7DCC2D4C05B7F
 Amount of Each Receipt this Period
 40.00

c. Mr. Michael L. Faron 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Business Unit Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : AD5DB691AECE24A7E829
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 151
<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. Daniel P. Ferris
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S Memorial Dr
 City Appleton State WI Zip Code 54915-1429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SECURA Insurance, A Mutual Company Occupation VP, General Counsel and Assistant Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AE654E57F59EF426DB22
 Amount of Each Receipt this Period 550.00

B. Mr. Stephan Firko
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 10 / 07 / 2015
Transaction ID : A7CA464AFA5BA4F58B51
 Amount of Each Receipt this Period 12.50

C. Mr. Stephan Firko
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2015
Transaction ID : A3D3FE27E9FA044AF8E1
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 151
	<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. Stephan Firko
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
10 / 27 / 2015
Transaction ID : **AEA9D6900701B4920B27**

Amount of Each Receipt this Period
12.50

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
10 / 09 / 2015
Transaction ID : **ADC6D2BC4FC054704835**

Amount of Each Receipt this Period
85.00

C. Mr. Robert A. Fitzsimmons
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84

City Marble State PA Zip Code 16334-0084

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

Name of Employer Farmers Mutual Fire Insurance Company Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
10 / 07 / 2015
Transaction ID : **A35B1C1251B9541C1A36**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 197.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Robert A. Fitzsimmons
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 84
 City Marble State PA Zip Code 16334-0084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Fire Insurance Company Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : A64F122098E7242C1896
 Amount of Each Receipt this Period
 800.00

B. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : A143E248A499F460CA2F
 Amount of Each Receipt this Period
 100.00

C. Ms. Bobbie Fox
 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 Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : A0C4EBFE0EF954FB99F2
 Amount of Each Receipt this Period
 10.42

SUBTOTAL of Receipts This Page (optional).....▶	910.42
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 151
(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. Bethany Foy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City State Zip Code
 Bucyrus OH 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Ohio Insurance Company 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 / 07 / 2015
Transaction ID : ABA6D39C495EA4C46B37
 Amount of Each Receipt this Period
 10.00

B. Ms. Bethany Foy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City State Zip Code
 Bucyrus OH 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Ohio Insurance Company 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
 10 / 27 / 2015
Transaction ID : A6F590D1F0C8C426FB07
 Amount of Each Receipt this Period
 10.00

C. Mr. Benjamin Galloway
 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 Senior Vice President & CRO
 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
 10 / 19 / 2015
Transaction ID : AE11D68DA10FE45A5837
 Amount of Each Receipt this Period
 40.00

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 44 OF 151
	<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. 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 ▼ **395.50**

Date of Receipt **10 / 02 / 2015**

Transaction ID : A64AF9BE91538437AAFE

Amount of Each Receipt this Period **20.83**

B. 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 ▼ **416.33**

Date of Receipt **10 / 16 / 2015**

Transaction ID : A75691FC511ED486F89B

Amount of Each Receipt this Period **20.83**

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

Mailing Address PO Box 900

City Lititz State PA Zip Code 17543-7007

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

Name of Employer Lititz Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4350.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : AE9B3E659877E4B9FB83

Amount of Each Receipt this Period **1850.00**

SUBTOTAL of Receipts This Page (optional)..... **1891.66**

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 45 OF 151
	<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. Bryan Gilleland
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **807.87**

Date of Receipt **10 / 09 / 2015**

Transaction ID : A722DAA5755E34E149A8

Amount of Each Receipt this Period **38.47**

B. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **846.34**

Date of Receipt **10 / 23 / 2015**

Transaction ID : A4FFCCEBB78EE4C4C804

Amount of Each Receipt this Period **38.47**

C. 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 ▼ **791.57**

Date of Receipt **10 / 02 / 2015**

Transaction ID : A9EF329A04D3E4F03B07

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **118.61**

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 46 OF 151
(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. Ms. Yvette Gonzales

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 ▼ **833.24**

Date of Receipt **10 / 16 / 2015**

Transaction ID : A8F2421C12F574AFDA90

Amount of Each Receipt this Period **41.67**

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

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 Assistant Vice President Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **458.28**

Date of Receipt **10 / 09 / 2015**

Transaction ID : A38D4789769124E869E3

Amount of Each Receipt this Period **41.66**

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

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 Assistant Vice President Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.94**

Date of Receipt **10 / 29 / 2015**

Transaction ID : A9A779F80D92147A3B58

Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... ▶ **124.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Jimi Grande		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015
Mailing Address 122 C St NW Ste 540		Transaction ID : ABA6C99EFA9D943AFAEC
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	Amount of Each Receipt this Period 113.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.80	

Full Name (Last, First, Middle Initial) B. Mr. Jimi Grande		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015
Mailing Address 122 C St NW Ste 540		Transaction ID : AF740CAD845A74EAD993
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	Amount of Each Receipt this Period 113.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2386.44	

Full Name (Last, First, Middle Initial) C. Mr. Jimi Grande		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 122 C St NW Ste 540		Transaction ID : A4220969E3F0A42C6BE1
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	Amount of Each Receipt this Period 113.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.08	

SUBTOTAL of Receipts This Page (optional).....▶	340.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 151
	<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. Daniel A. Gregor
Full Name (Last, First, Middle Initial)

Mailing Address 175 Powder Forest Dr

City Weatogue	State CT	Zip Code 06089-7902
------------------	-------------	------------------------

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

Name of Employer Crowe Horwath LLP	Occupation Director
---------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	07	/	2015

Transaction ID : AC5C0E7EBD56A4D88965

Amount of Each Receipt this Period
150.00

B. Mr. Aaron Grove PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 186

City Underwood	State MN	Zip Code 56586-0186
-------------------	-------------	------------------------

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

Name of Employer Sverdrup Mutual Insurance Company	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : A20EF9C5B22EC439480F

Amount of Each Receipt this Period
20.00

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 ▼
440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	07	/	2015

Transaction ID : A6F858EA80E984AD5AFE

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David Grove
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	Assistant Vice President

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
10	/	27	/	2015

Transaction ID : AC92054D5775E49A8847

Amount of Each Receipt this Period

1000	.	00
------	---	----

20.00

B. Mr. Clarence Guinn CPA
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 489

City	State	Zip Code
Rogers	AR	72757-0489

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

Name of Employer	Occupation
Farmers Protective Mutual Insurance Co	Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : AD62EEA53D00F4E8AB0D

Amount of Each Receipt this Period

1000	.	00
------	---	----

100.00

C. Mr. John Hair
Full Name (Last, First, Middle Initial)

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	Federal Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : AFF433F3F051847DEB12

Amount of Each Receipt this Period

4000	.	00
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40.00

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: (check only one)	PAGE 50 OF 151
	<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"/> 18

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
10 / 19 / 2015

Transaction ID : A13D01D5FC736468ABC8

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
10 / 30 / 2015

Transaction ID : AE52F41BB5D244ACBA85

Amount of Each Receipt this Period
40.00

C. Mr. Richard Hall
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Assistant Vice President-Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.50**

Date of Receipt
10 / 07 / 2015

Transaction ID : AF3DDEBC5B09E49C3871

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... **92.50**

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 51 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Richard Hall		Date of Receipt
Mailing Address 2005 Market St Ste 1200		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A0960EB3F7F564E96AD4
Name of Employer Pennsylvania Lumbermens Mutual Insuran		Amount of Each Receipt this Period
Occupation Assistant Vice President-Underwriting		<input type="text" value="12.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Richard Hall		Date of Receipt
Mailing Address 2005 Market St Ste 1200		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ACEBF737FBE024D11989
Name of Employer Pennsylvania Lumbermens Mutual Insuran		Amount of Each Receipt this Period
Occupation Assistant Vice President-Underwriting		<input type="text" value="12.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="262.50"/>	

Full Name (Last, First, Middle Initial) C. Ms. Alice Hamm		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A8CC977DFFABA4B3A87C
Name of Employer Auto-Owners Insurance Company		Amount of Each Receipt this Period
Occupation Assistant Manager		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 151
	<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. Christopher Hampshire
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Pierce Pl
 City Itasca State IL Zip Code 60143-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Bassett Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AB73E1BE4D21D4AE59CF
 Amount of Each Receipt this Period 475.00

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 ▼ 260.00

Date of Receipt 10 / 09 / 2015
Transaction ID : AE000093D46AA4FD892A
 Amount of Each Receipt this Period 35.00

C. Mr. Jeffrey F. Harrold
 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 Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A6F96D4A8C32B4E5DA8D
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1510.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 151
	<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. Dana Hartle
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 84

City Marble	State PA	Zip Code 16334-0084
----------------	-------------	------------------------

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

Name of Employer Farmers Mutual Fire Insurance Company	Occupation Vice Chairman
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2015

Transaction ID : A2640D226872745D18DC

Amount of Each Receipt this Period

500.00

B. Mr. R. Michael Hartman
Full Name (Last, First, Middle Initial)
Mailing Address 100 Eagle Pointe Dr

City Columbia	State SC	Zip Code 29229-7314
------------------	-------------	------------------------

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 ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

Transaction ID : A3CD4DEBF97FA46D9AE2

Amount of Each Receipt this Period

25.00

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 ▼ **340.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

Transaction ID : AEA5B9BDF35AC4DEA9AF

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....	545.00
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 54 OF 151
	<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"/> 18

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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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : AEECEC2C2DFB47B2B8:
 Amount of Each Receipt this Period
 20.00

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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : AFAFCBE79156A4A26BA4
 Amount of Each Receipt this Period
 20.00

C. 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 ▼
 847.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : AB83E795A0C6E4D85A0E
 Amount of Each Receipt this Period
 77.00

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 151
	<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. Eugene T. Heaney
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Vice President of Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt **10 / 02 / 2015**

Transaction ID : AC7CFA9269F974BE492A

Amount of Each Receipt this Period **50.00**

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 ▼ **945.00**

Date of Receipt **10 / 02 / 2015**

Transaction ID : A7FFC2AE7E946465387A

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 ▼ **3945.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : A5C0C7A8C99614189AA6

Amount of Each Receipt this Period **3000.00**

SUBTOTAL of Receipts This Page (optional)..... **3095.00**

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 56 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. 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 Occupation
Norfolk & Dedham Mutual Fire Insurance President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3990.00

Date of Receipt
10 / 14 / 2015
Transaction ID : A95F347D1883547A088E

Amount of Each Receipt this Period
45.00

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 Occupation
Norfolk & Dedham Mutual Fire Insurance President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4035.00

Date of Receipt
10 / 30 / 2015
Transaction ID : A54919C620BAE4E68BAB

Amount of Each Receipt this Period
45.00

C. Mr. Peter C. Hellie
Full Name (Last, First, Middle Initial)

Mailing Address 269 Barstad Road South

City Cottonwood State MN Zip Code 56229

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

Name of Employer Occupation
North Star Mutual Insurance Company CFO & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
10 / 07 / 2015
Transaction ID : A13D2670BAF974000B5A

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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 57 OF 151
	<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. Stuart C. Henderson JD, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 5350 W 78th St
 City State Zip Code
 Minneapolis MN 55439-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western National Mutual Insurance Comp President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : AD74AE05DAB194A53ADF
 Amount of Each Receipt this Period
 150.00

B. Mr. Marcus E. Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 88
 City State Zip Code
 Fort Worth TX 76101-0088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Agricultural Workers Mutual Auto Insur Chairman & President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : A3580A3258F864871941
 Amount of Each Receipt this Period
 1000.00

C. Mr. Mike Horvath CPCU
 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 Vice President-Human Resources
 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
 10 / 07 / 2015
Transaction ID : A104B8A98816349609CB
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
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 58 OF 151
<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. Mike Horvath CPCU		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : A05490EE76FE24D2EBD6
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Ohio 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="420.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Timothy R. Hyle CPA		Date of Receipt
Mailing Address 1 Preferred Way		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
New Berlin	NY	13411-1800
FEC ID number of contributing federal political committee.		Transaction ID : A2F3D01BB057F4158A8B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Preferred Mutual Insurance Company	Vice President, Finance & Risk Managem	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Sharon K. Irvin		Date of Receipt
Mailing Address 1725 Hopley Ave		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-3569
FEC ID number of contributing federal political committee.		Transaction ID : A6E3FF792017941F2BE8
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
United Ohio Insurance Company	Manager to the Executive Office	
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 59 OF 151
(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. Sharon K. Irvin
 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 Manager to the Executive Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A6D6E46D77FC0495B818
 Amount of Each Receipt this Period 100.00

B. Ms. Theresa Jakubick
 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 Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A5F2A0B0D8B30435E99B
 Amount of Each Receipt this Period 20.00

C. Ms. Theresa Jakubick
 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 Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A783C81A04FE74EFBAF7
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 60 OF 151
	<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. Brent Johnson
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 Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A58BF6E89C8FB47F48B1

Amount of Each Receipt this Period 300.00

B. Mr. Gary Johnson
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, Business Ins

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A64636BF50B6D4F19BCC

Amount of Each Receipt this Period 10.00

C. Mr. Gary Johnson
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, Business Ins

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2015
Transaction ID : AC9E9DD76A82B48F1820

Amount of Each Receipt this Period 10.00

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 61 OF 151
	(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. Amy R. Johnson PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 197
 City State Zip Code
 Finley ND 58230-0197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Steele Traill County Mutual Insurance Manager/Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 636.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : A57E6F4F867074416AF4
 Amount of Each Receipt this Period
 150.00

B. Mr. Mark Johnston
 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 Director - State Affairs, Midwest Regi
 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
 10 / 07 / 2015
Transaction ID : AE7A7B8B24CFF425DBFA
 Amount of Each Receipt this Period
 750.00

C. Mr. Jeffrey Jolley
 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
 United Ohio Insurance Company Product 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 / 07 / 2015
Transaction ID : A0A9E95728772464E889
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	910.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 151
	<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. Jeffrey Jolley
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 Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A0508122B56D04A2E9B9

Amount of Each Receipt this Period 10.00

B. Mr. Rick Jones
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 Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 791.65

Date of Receipt 10 / 02 / 2015
Transaction ID : A02AAED8410D946339D6

Amount of Each Receipt this Period 41.67

C. Mr. Rick Jones
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 Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 10 / 16 / 2015
Transaction ID : AF8FEF3A97DC845C099A

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶	93.34
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 63 OF 151
	<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. Jon Jorgensen		Date of Receipt 10 / 09 / 2015 Transaction ID : A19AD4E96DCC84A268F6
Mailing Address PO Box 30660		Amount of Each Receipt this Period 55.00
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 Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas Karol		Date of Receipt 10 / 05 / 2015 Transaction ID : A15CF102432824E86B36
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 45.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.20	

Full Name (Last, First, Middle Initial) C. Mr. Thomas Karol		Date of Receipt 10 / 19 / 2015 Transaction ID : A92D2B22D6F254C8D912
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 45.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 954.66	

SUBTOTAL of Receipts This Page (optional).....▶	145.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 151
	<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. 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
10 / 30 / 2015
Transaction ID : AB7E0403D5DDA4B2BB66

Amount of Each Receipt this Period
45.46

B. Ms. Pamela J. Keeney
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 Vice President - Underwriting & Ins Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 05 / 2015
Transaction ID : A2DA1D65F38D64231B80

Amount of Each Receipt this Period
15.00

C. Ms. Pamela J. Keeney
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 Vice President - Underwriting & Ins Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
10 / 19 / 2015
Transaction ID : A1A7A03FC728F40BD8CE

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.46

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 151
	<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. Pamela J. Keeney
 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 Vice President - Underwriting & Ins Op
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 30 / 2015**
Transaction ID : A9A2F67B848C74668911
 Amount of Each Receipt this Period **15.00**

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 21014-3554
 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 **458.28**

Date of Receipt **10 / 09 / 2015**
Transaction ID : A369433B1B94244979A4
 Amount of Each Receipt this Period **41.66**

C. Mr. Frank P. Kellner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3554
 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 **499.94**

Date of Receipt **10 / 29 / 2015**
Transaction ID : AB4273971239542649A2
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **98.32**
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 66 OF 151
	<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. Jami Kelly
Full Name (Last, First, Middle Initial)
Mailing Address 1 Mutual Ave
City Frankenmuth State MI Zip Code 48787-1000
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 ▼ 819.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015
Transaction ID : A3AE90271401E4E9798F
Amount of Each Receipt this Period
39.00

B. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)
Mailing Address 1 Mutual Ave
City Frankenmuth State MI Zip Code 48787-1000
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 M / D D D / Y Y Y Y Y Y
10 / 23 / 2015
Transaction ID : ABC848873B98B4055915
Amount of Each Receipt this Period
39.00

C. Mr. Mark Kendall
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 Assistant Chief Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.33

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015
Transaction ID : A7EB96B7301E5464A88D
Amount of Each Receipt this Period
10.42

SUBTOTAL of Receipts This Page (optional).....▶	88.42
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 67 OF 151
(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. Vaughn Kidd

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 Supervising Underwriter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 229.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A19363BEEB60D43C49CA

Amount of Each Receipt this Period
 20.84

Full Name (Last, First, Middle Initial)
B. Mr. Vaughn Kidd

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 Supervising Underwriter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : A833DD6712F4644C8A43

Amount of Each Receipt this Period
 20.84

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

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
 United Ohio Insurance Company Manager of Application

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 / 07 / 2015
Transaction ID : AAFA6B43A36B847E692D

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.68

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 68 OF 151
<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. 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 ▼ 460.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A3E95B7B1E364456884F
 Amount of Each Receipt this Period 20.00

B. Mr. Drew A. Klasing
 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, Home Office Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A1FA7FF0A6A4D40C1B62
 Amount of Each Receipt this Period 55.00

C. 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. **C**
 Name of Employer National Association of Mutual Insuran Occupation HR Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2015
Transaction ID : AC8A881180D864EF5955
 Amount of Each Receipt this Period 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 151
	<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. 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. **C**

Name of Employer National Association of Mutual Insuran Occupation HR Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2015
Transaction ID : A904EE5D39ABE4D699EE

Amount of Each Receipt this Period 100.00

B. 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. **C**

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A1D0055F32AD54B9085C

Amount of Each Receipt this Period 75.00

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 798.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A735CF2F61F5A4DDBA3A

Amount of Each Receipt this Period 38.00

SUBTOTAL of Receipts This Page (optional).....▶ 123.00

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 70 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 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 / 23 / 2015
Transaction ID : A30F7BDEC4AB64836ACE
 Amount of Each Receipt this Period 38.00

B. Mr. Glenn A. Lambert PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 9th Ave S
 City Great Falls State MT Zip Code 59405-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cascade Farmers Mutual Insurance Compa Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A3C56EA0E29214E6298B
 Amount of Each Receipt this Period 1000.00

C. Mr. Edward J. Largent III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Park Cir
 City Westfield Center State OH Zip Code 44251-9700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westfield Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AC1D451E8D2E7454B983
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3538.00
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 71 OF 151
(check only one)

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

A. Mr. Mitch Lawens
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : A03D5C39A49D5441F9F3

Amount of Each Receipt this Period

45.00

B. 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 ▼ **455.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : AF8EEB7A23C7C43C6BA0

Amount of Each Receipt this Period

100.00

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:
 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
10	/	20	/	2015

Transaction ID : A273666D5FB094C1984A

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 72 OF 151
	<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. Stephen S. Lee

Mailing Address 6 Coulter Ave
Ste 2000

City Ardmore State PA Zip Code 19003-2335

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

Name of Employer Logan Capital Management Inc. Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 07 / 2015
Transaction ID : A762FF57C29734344992

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. David L. Lehman

Mailing Address PO Box 300

City Orrville State OH Zip Code 44667-0300

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

Name of Employer Mennonite Mutual Insurance Company Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 14 / 2015
Transaction ID : AF165FF14FBD74CE5B41

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Mr. Jim Levine

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 Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.56

Date of Receipt
10 / 16 / 2015
Transaction ID : AC87746D6E8B74EDE84D

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 611.00

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 73 OF 151
	<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. 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 ▼
416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : A93CFF3C6FB9741B7B9C

Amount of Each Receipt this Period
41.66

B. Ms. Debora K. Liden
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 592

City Thief River Falls	State MN	Zip Code 56701-0592
---------------------------	-------------	------------------------

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

Name of Employer Bray-Gentilly Mutual Insurance Company	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : AA0081E2C035C415083D

Amount of Each Receipt this Period
60.00

C. Mr. Steven D. Linkous
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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 ▼
1857.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : AA47E7E26D2E64D52840

Amount of Each Receipt this Period
190.00

SUBTOTAL of Receipts This Page (optional).....	▶	291.66
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:	PAGE 74 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Steven D. Linkous
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 President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2066.66

Date of Receipt 10 / 09 / 2015
Transaction ID : A3D6A49767CD34B2691D

Amount of Each Receipt this Period 209.32

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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 ▼ 2275.98

Date of Receipt 10 / 29 / 2015
Transaction ID : A75A3CB04261F43489CF

Amount of Each Receipt this Period 209.32

C. Mr. Byron K. Long
Full Name (Last, First, Middle Initial)

Mailing Address 9 N Branch Rd

City Cuba State NY Zip Code 14727-9200

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

Name of Employer Allegany Co-Op Insurance Company Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AF617B6E887154273922

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 518.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 151
	<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 D. Lopata
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

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

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 840.00

Date of Receipt: 10 / 02 / 2015
Transaction ID : AAACBB96088CA4695BF3

Amount of Each Receipt this Period: 80.00

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

Mailing Address 1 Preferred Way

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

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 807.87

Date of Receipt: 10 / 02 / 2015
Transaction ID : AE8A4B186CA9B404C891

Amount of Each Receipt this Period: 76.94

C. Mr. Mike H. Lovelady
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 ▼: 225.43

Date of Receipt: 10 / 09 / 2015
Transaction ID : ADE0A4F11B70B49A39D4

Amount of Each Receipt this Period: 22.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.87

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 76 OF 151
	<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. 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 ▼ **345.00**

Date of Receipt
10 / 19 / 2015

Transaction ID : A8D71E7348B824C62AA6

Amount of Each Receipt this Period
50.00

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 ▼ **433.36**

Date of Receipt
10 / 09 / 2015

Transaction ID : A144B2B07624342BC8A6

Amount of Each Receipt this Period
58.33

Full Name (Last, First, Middle Initial)
C. Mr. Wilbur J. Maas PFMM

Mailing Address PO Box 812

City Hull State IA Zip Code 51239-0812

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

Name of Employer Farmers Mutual Insurance Association o Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt
10 / 07 / 2015

Transaction ID : A7CBB77D155AC47608F4

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... **183.33**

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 77 OF 151
	<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. John F. Marazzo

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
10 / 07 / 2015
Transaction ID : A20512858272E4276B72

Amount of Each Receipt this Period
20.00

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

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 19 / 2015
Transaction ID : AB76C4474D51743F5BBA

Amount of Each Receipt this Period
20.00

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

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
10 / 27 / 2015
Transaction ID : AC1BB3430169D46D5BD9

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 78 OF 151
	<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. 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 ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : ADE83C3BA06E648FB808

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Mr. Ronald R. Martin II, ASF, A

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 Vice President - Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : AA55EE5EE566340FBA66

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Ms. Karen Mashinski

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 CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : AFA778D031BCB4B7E9CE

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	202.58
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 79 OF 151
	<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 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.87	

Date of Receipt
10 / 09 / 2015
Transaction ID : A65E83D6CF94E4833833

Amount of Each Receipt this Period
38.47

B. Mr. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.34	

Date of Receipt
10 / 23 / 2015
Transaction ID : AC7F6C0D2B1D34A41862

Amount of Each Receipt this Period
38.47

C. Mr. Brent McClean
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 Assistant Vice President of Financial	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.24	

Date of Receipt
10 / 16 / 2015
Transaction ID : A13E9B7E11D2E4E72848

Amount of Each Receipt this Period
10.42

SUBTOTAL of Receipts This Page (optional).....▶	87.36
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 80 OF 151
(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 McCormack
 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 Assistant Vice President - Information
 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 / 07 / 2015
Transaction ID : AB45066999D1F4967947
 Amount of Each Receipt this Period
 10.00

B. Mr. James McCormack
 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 Assistant Vice President - Information
 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
 10 / 27 / 2015
Transaction ID : AA35FDED7018B44EA9B0
 Amount of Each Receipt this Period
 10.00

c. S.H. McCullough
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 244017
 City State Zip Code
 Montgomery AL 36124-4017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company RVP - Montgomery Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A9CD4A5EABD0C4A88B98
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 81 OF 151
	<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. Ms. Sherry L. McKenzie AAM, AIS

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
10 / 09 / 2015
Transaction ID : A702F65A3135243578B9

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Ms. Dee McKern

Mailing Address 200 Cedar St

City State Zip Code
Seattle WA 98121-1223

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

Name of Employer Occupation
Grange Insurance Association Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 07 / 2015
Transaction ID : AAD67E6CAB8654D248D4

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
808.50

Date of Receipt
10 / 09 / 2015
Transaction ID : A6A0112C50ABA4350896

Amount of Each Receipt this Period
38.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 363.50

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 82 OF 151
	<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. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 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 10 / 23 / 2015
Transaction ID : A413A66CCDF7945B7856
 Amount of Each Receipt this Period 38.50

B. Mr. Arthur L. Meadows
 Full Name (Last, First, Middle Initial)
 Mailing Address 3727 Waynesburg Pike RD
 3727 Waynesburg Pike RD
 City Moundsville State WV Zip Code 26041-1976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panhandle Farmers Mutual Insurance Gro Occupation Adjuster
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A5D99BE4BD25047C385A
 Amount of Each Receipt this Period 150.00

C. R.F. Mengerink
 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 ▼ 228.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A4EE032F50C874C7AA75
 Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.50
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 83 OF 151
	<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. Kevin M. Meskell		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015
Mailing Address 57 Washington St		Transaction ID : ADDD61781371341D8B9A
City Quincy	State MA	Zip Code 02169-5303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Quincy Mutual Fire Insurance Company	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.00	

Full Name (Last, First, Middle Initial) B. Mr. Scott A. Michael		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015
Mailing Address PO Box 30660		Transaction ID : A990CEF62FD754FFF9A0
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Auto-Owners Insurance Company	Occupation AVP - Personal Lines Auto	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Ms. Tricia A. Mickley CPA, PFMM		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015
Mailing Address PO Box 31		Transaction ID : AD5769021E2674528A3A
City Mount Carroll	State IL	Zip Code 61053-0031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Mt. Carroll Mutual Insurance Company	Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 84 OF 151
(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. 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 ▼ 800.00

Date of Receipt 10 / 05 / 2015
Transaction ID : ABDAEDFF79F884DCD863
 Amount of Each Receipt this Period 40.00

B. Mr. David Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2015
Transaction ID : A6257414561F9414BB50
 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 ▼ 880.00

Date of Receipt 10 / 30 / 2015
Transaction ID : AEFD1997897444AFCB21
 Amount of Each Receipt this Period 40.00

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

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

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

FOR LINE NUMBER: PAGE 85 OF 151
(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. Stephen H. Miller CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Eastlake Ave E
 City Seattle State WA Zip Code 98109-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PEMCO Mutual Insurance Company Vice President & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : A0CA75B9AB1664BF39BE
 Amount of Each Receipt this Period
 100.00

B. Ms. Laurie Mirchuk
 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 Senior Commercial Lines 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 / 02 / 2015
Transaction ID : ABB40A17FF32D4350A95
 Amount of Each Receipt this Period
 6.00

C. Ms. Laurie Mirchuk
 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 Senior Commercial Lines Underwriter
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : A68E667664B80425F9A8
 Amount of Each Receipt this Period
 6.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.00
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 86 OF 151
	<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. Laurie Mirchuk
 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 Senior Commercial Lines Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 10 / 30 / 2015
Transaction ID : A9F59168DC4014EDCB16
 Amount of Each Receipt this Period 6.00

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 ▼ 990.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A72F80C8C7A72400B9DC
 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 ▼ 1035.00

Date of Receipt 10 / 27 / 2015
Transaction ID : AD70C245A2A484BE2A17
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.00
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 87 OF 151
	<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. Chris Moxey

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 Administrative Services Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.22

Date of Receipt
10 / 09 / 2015
Transaction ID : AC751FCE0218944E68D8

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
B. Chris Moxey

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 Administrative Services Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.06

Date of Receipt
10 / 29 / 2015
Transaction ID : A8F25D1FD993E4C0BB71

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
C. Ms. Carolyn B. Muller

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 - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
10 / 09 / 2015
Transaction ID : AC39E5F60EB8F44F0B27

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.68

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 151
	(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. Joel P. Murray		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City State Zip Code Dedham MA 02026-1850		Transaction ID : AC0D6981C138B477EB62
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 Vice President, Personal Lines & Marke	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="410.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Joel P. Murray		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City State Zip Code Dedham MA 02026-1850		Transaction ID : A9535F6595BA64DD1833
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 Vice President, Personal Lines & Marke	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="430.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Joel P. Murray		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code Dedham MA 02026-1850		Transaction ID : AD42648339D7540579C9
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 Vice President, Personal Lines & Marke	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 90 OF 151
(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. Roger E. Needham AIC, AIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 666
 City Forreston State IL Zip Code 61030-0666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forreston Mutual Insurance Company Occupation Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : A79B6EFCC0851433CB1A
 Amount of Each Receipt this Period
 700.00

B. Mr. Brent Nelson
 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 Chief Financial Officer & Executive Vi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : ACB6E0D9377264AB899F
 Amount of Each Receipt this Period
 20.83

C. Mr. Brent Nelson
 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 Chief Financial Officer & Executive Vi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : A907DEDE2560148899BC
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 741.66
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 91 OF 151
	<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. 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 ▼ 2625.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A8FD7969F385048DDBE1
Amount of Each Receipt this Period 125.00

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 ▼ 2875.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A135F8715CDC64D4CBB5
Amount of Each Receipt this Period 250.00

C. Mr. Jeffrey Niekamp
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 375
City Camp Point State IL Zip Code 62320-0375
FEC ID number of contributing federal political committee. **C**
Name of Employer Camp Point Mutual Insurance Company Occupation Board Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AF8EE706E6D9342248B8
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 92 OF 151
	<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. Katherine Noiro
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Senior Vice President, Marketing & Sal
 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
 10 / 13 / 2015
Transaction ID : A49F71306815A4DE3A56
 Amount of Each Receipt this Period
 1000.00

B. Mr. James Northard
 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 Web Design Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : AC397D453591F4C57BD4
 Amount of Each Receipt this Period
 9.62

C. Mr. James Northard
 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 Web Design Specialist
 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 / 30 / 2015
Transaction ID : A02B702058BA14B57B5A
 Amount of Each Receipt this Period
 9.62

SUBTOTAL of Receipts This Page (optional).....▶	1019.24
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 93 OF 151
<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. Danny Oakes

Mailing Address PO Box 239

City State Zip Code
Upper Sandusky OH 43351-0239

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

Name of Employer Occupation
Wyandot Mutual Insurance Company President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt
10 / 07 / 2015
Transaction ID : A04AB77BD37CF47FAAC/

Amount of Each Receipt this Period
320.00

Full Name (Last, First, Middle Initial)
B. Mr. Doug Oberg

Mailing Address PO Box 10350

City State Zip Code
Stamford CT 06904-2350

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

Name of Employer Occupation
General Reinsurance Corporation Marketing Manager, Treaty East Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 07 / 2015
Transaction ID : A49C7E4F4A20E4A43B30

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Mr. Robert F. Ohler

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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.68

Date of Receipt
10 / 09 / 2015
Transaction ID : A33E10895F3044ED5872

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 2903.34

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 94 OF 151
	<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. Robert F. Ohler
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 Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1116.68

Date of Receipt 10 / 27 / 2015
Transaction ID : A5B6DDCAABA834661A3Z

Amount of Each Receipt this Period 200.00

B. Mr. Robert F. Ohler
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 Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.02

Date of Receipt 10 / 29 / 2015
Transaction ID : A6E5289DBB80C4D01B27

Amount of Each Receipt this Period 83.34

C. 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 ▼ 500.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A2B78F26381034D2884F

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.34

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 95 OF 151
	<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. Roger 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 ▼ **339.24**

Date of Receipt **10 / 26 / 2015**

Transaction ID : A6CD286196BB84C84A18

Amount of Each Receipt this Period **41.68**

B. Mr. Harry Palmer
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 Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 19 / 2015**

Transaction ID : A8A13C906C9DD4CD08C5

Amount of Each Receipt this Period **25.00**

C. Mr. Wes A. Parker
Full Name (Last, First, Middle Initial)

Mailing Address 77 Parker Ridge Rd

City Bigfork State MT Zip Code 59911-6154

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

Name of Employer Flathead Farm Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : A46E0F7AF49FE4EFAB8F

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **366.68**

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 96 OF 151
	<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. 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 ▼ 910.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A052F15C88A164AAE82A
 Amount of Each Receipt this Period 100.00

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 ▼ 2025.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AA78FAE824DFC47F085E
 Amount of Each Receipt this Period 300.00

C. 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 ▼ 2025.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AEA71AEC887254170AE1
 Amount of Each Receipt this Period 1125.00

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 97 OF 151
	(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. Randall S. Peters

Mailing Address 9 N Branch Rd

City	State	Zip Code
Cuba	NY	14727-9200

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

Name of Employer	Occupation
Allegany Co-Op Insurance Company	President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : A0F55373CE625410081F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
B. Ms. Helen Pettersen

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	IT Project Leader

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	/	02	/	2015

Transaction ID : ABB51A237A9914C48AF9

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)
C. Ms. Helen Pettersen

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	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	/	14	/	2015

Transaction ID : A8DFB60C44C774B3595C

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: (check only one)	PAGE 98 OF 151
<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. Ms. Helen Pettersen		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 222 Ames St		Transaction ID : A2A101392D8E846EF8A2
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 IT Project Leader	
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. Ms. Andrea I. Phillips		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015
Mailing Address PO Box 30660		Transaction ID : A7AD7B36A72B64E2E96D
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President, Personal Lin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Mr. Gregory Pianko		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 2005 Market St Ste 1200		Transaction ID : ADB87E3BE8B9D45649A5
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Vice President, Loss Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

SUBTOTAL of Receipts This Page (optional).....▶	57.50
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 99 OF 151
	<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. Gregory Pianko
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President, Loss Control

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2015
Transaction ID : A36C56730C15D42BC989

Amount of Each Receipt this Period 12.50

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

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President, Loss Control

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 27 / 2015
Transaction ID : A4CAC7C9BA8094AB0822

Amount of Each Receipt this Period 12.50

C. 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 ▼ 583.34

Date of Receipt 10 / 09 / 2015
Transaction ID : A1AFA6C689D3E443FB09

Amount of Each Receipt this Period 58.37

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.37

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 102 OF 151
	<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 Rasmussen
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 Field Claim Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **238.48**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A79D1FD0E219C4DCF8A6
Amount of Each Receipt this Period **21.68**

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 **210.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : A5D41642CC5DE4C2F987
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 **220.00**

Date of Receipt **10 / 30 / 2015**
Transaction ID : A1BE97DAF13DD493C8D2
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **41.68**
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 103 OF 151
	<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. Jonathan R. Riekse
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.34

Date of Receipt
10 / 09 / 2015
Transaction ID : **AD66B32F3D56044EC9C5**

Amount of Each Receipt this Period
83.37

B. Mr. Jeff Rink
Full Name (Last, First, Middle Initial)

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 of Marketing and Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.28

Date of Receipt
10 / 09 / 2015
Transaction ID : **A16D293222C4E43F6927**

Amount of Each Receipt this Period
41.66

C. Mr. Jeff Rink
Full Name (Last, First, Middle Initial)

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 of Marketing and Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.94

Date of Receipt
10 / 29 / 2015
Transaction ID : **AA556526F040F4F01A5A**

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.69

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 104 OF 151
	<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"/> 18

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

A. Mr. Clarence Roach
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 Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2015
Transaction ID : A2827D1510ACF496FAE3

Amount of Each Receipt this Period 250.00

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 ▼ 210.00

Date of Receipt 10 / 19 / 2015
Transaction ID : A5D77E2ABCB0142F5885

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 ▼ 220.00

Date of Receipt 10 / 30 / 2015
Transaction ID : A7EB0CB0A769D424788C

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 151
<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. Ms. Mary Jane Rodgers
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 297

City Somerset	State OH	Zip Code 43783-0297
------------------	-------------	------------------------

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

Name of Employer Perry County Mutual Fire Insurance Com	Occupation Office Manager
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : A2CB7BF43D3B341748D9

Amount of Each Receipt this Period
1150.00

B. Mr. Ed Roesch
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 Director, Claims Department
---	---

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	/	19	/	2015

Transaction ID : AFBFBEE544CAA463EA34

Amount of Each Receipt this Period
10.00

C. Mr. Ed Roesch
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 Director, Claims Department
---	---

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	/	30	/	2015

Transaction ID : AB1D7A3500EA04218AFF

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
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 106 OF 151
<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. Timothy Rutledge
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 Director of Accounting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.22

Date of Receipt 10 / 09 / 2015
Transaction ID : AC05B91131D6E47E68F3
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 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 Director of Accounting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.06

Date of Receipt 10 / 29 / 2015
Transaction ID : AD921034EF9794A6B924
Amount of Each Receipt this Period 20.84

C. Kelly Ruud
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 Manager of Financial Systems
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.56

Date of Receipt 10 / 02 / 2015
Transaction ID : A4478A3FEF77E4019896
Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.68
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 107 OF 151
(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. Kelly Ruud

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 Manager of Financial Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **214.56**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : AD39CA5E61C554AFD8A0

Amount of Each Receipt this Period
12.00

Full Name (Last, First, Middle Initial)
B. Mr. Francis R. Santoro

Mailing Address 2005 Market St Ste 1200

City State Zip Code
Philadelphia PA 19103-7008

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

Name of Employer Occupation
Pennsylvania Lumbermens Mutual Insuran Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : A26B6ABC384B549C7B97

Amount of Each Receipt this Period
12.50

Full Name (Last, First, Middle Initial)
C. Mr. Francis R. Santoro

Mailing Address 2005 Market St Ste 1200

City State Zip Code
Philadelphia PA 19103-7008

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

Name of Employer Occupation
Pennsylvania Lumbermens Mutual Insuran Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **229.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : A80592280B24749EA89B

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **37.00**

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 108 OF 151
	<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. Francis R. Santoro
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 Name of Employer Pennsylvania Lumbermens Mutual Insuran
 Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt 10 / 27 / 2015
Transaction ID : A5BD5208F53B14FBC953
 Amount of Each Receipt this Period 12.50

B. Mr. Ronald Scheck
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City Houston State MN Zip Code 55943-0708
 Name of Employer Mound Prairie Mutual Insurance Company
 Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AC4C07F5A5B4349F0A5F
 Amount of Each Receipt this Period 250.00

C. Mr. Kenneth Schroeder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 Name of Employer Auto-Owners Insurance Company
 Occupation Senior Vice President, Commercial Unde
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A3109B665488942F4B99
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 151
(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 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 ▼ 420.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A7D0331F833BF4184BC4
 Amount of Each Receipt this Period 420.00

B. Mr. John J. Scott Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8890 McDonogh Rd Ste 310
 City Owings Mills State MD Zip Code 21117-5453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westminster American Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A1ED96D15AFA64E38975
 Amount of Each Receipt this Period 5000.00

C. Ms. Rebecca Sellers
 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 Field Claim Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A41DD14D5848F453995E
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5062.00
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 110 OF 151
	<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. Paul Sells		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 2005 Market St Ste 1200		Transaction ID : AB014B21FC68349CD805
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee.	C	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Compensation Supervisor	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.00	

Full Name (Last, First, Middle Initial) B. Mr. Paul Sells		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2015
Mailing Address 2005 Market St Ste 1200		Transaction ID : A247EDD4F6FEA43AABD3
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee.	C	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Compensation Supervisor	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00	

Full Name (Last, First, Middle Initial) C. Mr. Paul Sells		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2015
Mailing Address 2005 Market St Ste 1200		Transaction ID : AC001215AF6D147F4B28
City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee.	C	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Compensation Supervisor	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

SUBTOTAL of Receipts This Page (optional).....▶	36.00
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 111 OF 151
	<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. Ms. Phyllis Senseman LUTCF		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AA71EFE8837F743E9908
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President Marketing and Communica		<input type="text" value="20.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="395.77"/>		

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Senseman LUTCF		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2C7D1CB063524607B8F
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President Marketing and Communica		<input type="text" value="20.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="416.60"/>		

Full Name (Last, First, Middle Initial) C. Mr. Athan M. Shinas		Date of Receipt
Mailing Address 1460 Wells St		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City Enumclaw	State WA	Zip Code 98022-3003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AEDF3D4EB5BD24B9DA77
Name of Employer Mutual of Enumclaw Insurance Company		Amount of Each Receipt this Period
Occupation General Counsel		<input type="text" value="208.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1145.87"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 151
	<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. Anna Smerkar		Date of Receipt
Mailing Address PO Box 84		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Marble	PA	16334-0084
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0F630DB91D9840AF898
Name of Employer	Occupation	Amount of Each Receipt this Period
Farmers Mutual Fire Insurance Company	Secretary/Vice President of Underwriti	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Donald A. Smith Jr.		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4CDFF4AE26DD4809872
Name of Employer	Occupation	Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company	President & CEO	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2055.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Donald A. Smith Jr.		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3A227F92C73A47388A3
Name of Employer	Occupation	Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company	President & CEO	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2180.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 113 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 Name of Employer Pennsylvania Lumbermens Mutual Insuran
 Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2315.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A6559A849B702496EA91
 Amount of Each Receipt this Period 100.00

B. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 Name of Employer Pennsylvania Lumbermens Mutual Insuran
 Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2315.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AB61A60FD0C7C4AD0AEA
 Amount of Each Receipt this Period 600.00

C. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 Name of Employer Pennsylvania Lumbermens Mutual Insuran
 Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2315.00

Date of Receipt 10 / 07 / 2015
Transaction ID : A138A055F21AA43979AB
 Amount of Each Receipt this Period 95.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 795.00
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 114 OF 151
	<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. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2410.00

Date of Receipt 10 / 19 / 2015
Transaction ID : AB5CDD5D65F694A249AD
 Amount of Each Receipt this Period 95.00

B. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2505.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A476D6D3261C346F4B73
 Amount of Each Receipt this Period 95.00

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 ▼ 909.20

Date of Receipt 10 / 05 / 2015
Transaction ID : A3B011F6640DB438799B
 Amount of Each Receipt this Period 45.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.46
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 151
	<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 ▼
954.66

Date of Receipt
10 / 19 / 2015
Transaction ID : **AEFE9F8CC604542F4AD7**

Amount of Each Receipt this Period
45.46

B. 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 ▼
500.00

Date of Receipt
10 / 09 / 2015
Transaction ID : **A2DB270A319804A50921**

Amount of Each Receipt this Period
50.00

C. Ms. Kristen Spriggs
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 - Member Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 05 / 2015
Transaction ID : **AC29195C9D4ED4CE2B25**

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.46

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 116 OF 151
	<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. Kristen Spriggs
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 - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Date of Receipt
10 / 19 / 2015
Transaction ID : A03893EB77C7640FD841

Amount of Each Receipt this Period
20.00

B. Ms. Kristen Spriggs
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 - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt
10 / 30 / 2015
Transaction ID : A234EC7E89C8A415093B

Amount of Each Receipt this Period
20.00

C. Mr. Randy Sprouse
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 Applications Development Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.22	

Date of Receipt
10 / 09 / 2015
Transaction ID : A4E05B47622E74E81ABE

Amount of Each Receipt this Period
20.84

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 117 OF 151
<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. Randy Sprouse
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 Applications Development Supervisor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : A3BB9972FA13948F09A0

Amount of Each Receipt this Period

20.84

B. Ms. Patricia Stifler
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 Business Development Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.22**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : AB149253CEAE44110949

Amount of Each Receipt this Period

20.84

C. Ms. Patricia Stifler
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 Business Development Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : A6135AF65290E46B6A0A

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional).....	62.52
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 118 OF 151
	<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : A3AE5394A7B6649B694C

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : A10F7366F87734EFCBE9

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : A0ED173AC73B14685810

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 119 OF 151
	<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. Edward Stuckrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacabri 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 Regional Vice President - Westminister
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.70

Date of Receipt 10 / 09 / 2015
Transaction ID : A5EBAE031052142DEBF3
 Amount of Each Receipt this Period 21.70

B. Ms. Marlene Stueven
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Downtown Plz
 City Fairmont State MN Zip Code 56031-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Administrative Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 20 / 2015
Transaction ID : AFA3E2B0609914BEFA16
 Amount of Each Receipt this Period 650.00

C. Ms. Mary Ann Sturm
 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 AVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.06

Date of Receipt 10 / 02 / 2015
Transaction ID : A4FDD860620ED459FA87
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional).....▶	684.20
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 120 OF 151
	<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. Mary Ann Sturm
 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 AVP, Human Resources
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **216.56**

Date of Receipt **10 / 16 / 2015**
Transaction ID : AEF127938296949E4A14
 Amount of Each Receipt this Period **12.50**

B. Ms. Mary B. Sullivan CIC, AAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd 3601 Vincennes
 City State Zip Code 0000
 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 **475.00**

Date of Receipt **10 / 07 / 2015**
Transaction ID : A7281320F98394CCCA66
 Amount of Each Receipt this Period **275.00**

C. Ms. Mary B. Sullivan CIC, AAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd 3601 Vincennes
 City State Zip Code 0000
 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 **485.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : AA62F999681714FF6A37
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **297.50**
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 121 OF 151
	<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. Mary B. Sullivan CIC, AAI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd 3601 Vincennes
 City State Zip Code
 Indianapolis IN 0000
 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 ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : AE1F7755EA2C4474D834
 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 State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAMIC Insurance Company, Inc. President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : A52A216970F7D4FBB959
 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 State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAMIC Insurance Company, Inc. President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : AAF112FB8AC4E4506AC7
 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: (check only one)	PAGE 122 OF 151
	<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. 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 / 30 / 2015
Transaction ID : AF2E3AD90263E4773B03
 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 ▼ 800.00

Date of Receipt 10 / 05 / 2015
Transaction ID : AB7BFE758B75E492BB31
 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 ▼ 840.00

Date of Receipt 10 / 19 / 2015
Transaction ID : AA2753516A10045CC9AD
 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 123 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Terry 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 ▼ **880.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : A9F7DF02329474F6D85F

Amount of Each Receipt this Period
40.00

B. Mr. Gary Swearingen PFMM
Full Name (Last, First, Middle Initial)

Mailing Address 309 Brighton Ave S

City Buffalo State MN Zip Code 55313-2303

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

Name of Employer Has San Lake Mutual Insurance Company Occupation Manager & Treasurer

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
10 / 07 / 2015

Transaction ID : AE8DFE9E93C384BCAA09

Amount of Each Receipt this Period
100.00

C. Mr. Jeffrey Tagsold
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : AFDB1883417784698966

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 124 OF 151
(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. 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 ▼ 400.00

Date of Receipt 10 / 05 / 2015
Transaction ID : AA459B87B6EE84E68BF6
 Amount of Each Receipt this Period 20.00

B. 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 ▼ 420.00

Date of Receipt 10 / 19 / 2015
Transaction ID : A87AD2611C4104BA6B16
 Amount of Each Receipt this Period 20.00

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 10 / 30 / 2015
Transaction ID : AE41E15B1E8B943A5B7B
 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 125 OF 151
	<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. Daniel J. Thelen
 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 of Human Resourc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A2D2A3593E6E54B759F7
 Amount of Each Receipt this Period 95.00

B. Mr. Joe Thesing
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 05 / 2015
Transaction ID : AC6B09E2280FF41FB812
 Amount of Each Receipt this Period 40.00

C. Mr. Joe Thesing
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2015
Transaction ID : AC3773DBDE2E24A8E831
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
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 126 OF 151
	<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. Joe Thesing

Mailing Address **PO Box 68700**

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

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

Name of Employer **National Association of Mutual Insuran** Occupation **Vice President - State Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
10 / 30 / 2015

Transaction ID : AD358BB1217BD481F9D7

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Mr. Gary W. Thompson CPCU, CIC

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
10 / 19 / 2015

Transaction ID : A9512CC7726AF4AC1B76

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Mr. Randall Trinklein

Mailing Address **1 Mutual Ave**

City **Frankenmuth** State **MI** Zip Code **48787-1000**

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 ▼ **819.00**

Date of Receipt
10 / 09 / 2015

Transaction ID : A8EC25614B0F344E7BCD

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **279.00**

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 127 OF 151
	<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. Randall Trinklein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 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 **10 / 23 / 2015**
Transaction ID : A8F40A8B0FC314714974
 Amount of Each Receipt this Period **39.00**

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 - Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : A53EAD2B8892B4866AE4
 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 - Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 30 / 2015**
Transaction ID : A1D99283F6098473D82B
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **59.00**
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 128 OF 151
	<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. Aaron J. Valentine
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt **10 / 02 / 2015**

Transaction ID : AF552BC636C414133AFF

Amount of Each Receipt this Period **100.00**

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

Mailing Address 17 W Walworth St

City Elkhorn State WI Zip Code 53121-1736

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

Name of Employer Sugar Creek Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : A1D1F8663ED754CA78F2

Amount of Each Receipt this Period **300.00**

C. Ms. Kristie M. Walp
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 Farm Underwriting Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : A0CFBB60269CB451FA22

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **410.00**

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 129 OF 151
	<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. Kristie M. Walp
 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 Farm Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A11E2E53040034CA185D
 Amount of Each Receipt this Period 10.00

B. Mr. James J. Walsh Jr.
 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-Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2015
Transaction ID : A0867ED2130C04E15888
 Amount of Each Receipt this Period 50.00

c. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 07 / 2015
Transaction ID : AB43D002E651E4B5B8E0
 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 130 OF 151
<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 ▼ 230.00	

Date of Receipt
10 / 27 / 2015
Transaction ID : AE1DB5498677B4592B40

Amount of Each Receipt this Period
10.00

B. Ms. Ann Ward
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 Senior Underwriter/Tax Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt
10 / 19 / 2015
Transaction ID : AA051C119E74C48CD9BF

Amount of Each Receipt this Period
10.00

C. Ms. Ann Ward
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 Senior Underwriter/Tax Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
10 / 30 / 2015
Transaction ID : A37816AF0BFA241B5B06

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 132 OF 151
<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. Chad Welborn
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 Chief Investment Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.24**

Date of Receipt **10 / 16 / 2015**

Transaction ID : ADCDBC420BE794389B14

Amount of Each Receipt this Period **10.42**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **872.00**

Date of Receipt **10 / 09 / 2015**

Transaction ID : A0A20D81EED4F41909F2

Amount of Each Receipt this Period **116.00**

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

Mailing Address 78 Hill Farm Rd

City Conway State AR Zip Code 72032-9041

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation SE Region Business Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt **10 / 07 / 2015**

Transaction ID : AD4CC716A92724B62988

Amount of Each Receipt this Period **1200.00**

SUBTOTAL of Receipts This Page (optional).....▶	1326.42
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 133 OF 151
(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. Wayne F. White CPA, PFMM

Mailing Address 78 Hill Farm Rd

City Conway State AR Zip Code 72032-9041

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance SE Region Business Development Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
10 / 07 / 2015
Transaction ID : A221E29B5E8BA46C19DC

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Mr. Gordon E. Wickham

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 Occupation
Auto-Owners Insurance Company AVP-Information Systems & Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 09 / 2015
Transaction ID : AC2B882A1A0684EFF94D

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
C. Mr. Noel A. Williams

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 Occupation
CopperPoint Mutual Insurance Company Vice President of Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.77

Date of Receipt
10 / 02 / 2015
Transaction ID : AA6843F50C443450C89D

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.83

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 134 OF 151
	<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. Noel A. Williams
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 Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt **10 / 16 / 2015**

Transaction ID : AD3EAD1F45A464628A94

Amount of Each Receipt this Period **20.83**

B. Ms. Denise G. Williams
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-East Michigan Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 09 / 2015**

Transaction ID : A6D11BF68E3EF451DBF3

Amount of Each Receipt this Period **1000.00**

C. 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 ▼ **402.00**

Date of Receipt **10 / 02 / 2015**

Transaction ID : A71E5A150AFE94379920

Amount of Each Receipt this Period **22.00**

SUBTOTAL of Receipts This Page (optional)..... **1042.83**

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 135 OF 151
	<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. 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 ▼ 424.00

Date of Receipt 10 / 16 / 2015
Transaction ID : A0A51F8DF49CD44AE98A
 Amount of Each Receipt this Period 22.00

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, Secretary & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt 10 / 09 / 2015
Transaction ID : AF3C47B67D5DA4D9DA30
 Amount of Each Receipt this Period 91.63

C. Mr. Jeffrey S. Wrobel Sr.
 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 ▼ 491.66

Date of Receipt 10 / 05 / 2015
Transaction ID : AEA03FE9AC7614E588F5
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶	163.63
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 136 OF 151
(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. William J. Wynne
 Full Name (Last, First, Middle Initial)
 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 Underwriting Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A90876EDD86EF4386981
 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 21014-3554
 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 ▼
 250.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : A58F7E70406824D40890
 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 ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : AC76E1ACB567E4B9EB84
 Amount of Each Receipt this Period
 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.68
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 137 OF 151
	<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. Robert M. Zak		Date of Receipt
Mailing Address 250 Main St		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Buffalo	NY	14202-4104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1BF3BAAAE6184A11A7F
Name of Employer	Occupation	Amount of Each Receipt this Period
Merchants Mutual Insurance Company	President & CEO	<input type="text" value="700.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3400.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Jerry G. Zenke PFMM		Date of Receipt
Mailing Address PO Box 708		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	MN	55943-0708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A7B0BE3AF9035495D88C
Name of Employer	Occupation	Amount of Each Receipt this Period
Mound Prairie Mutual Insurance Company	General Manager	<input type="text" value="115.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2765.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Jerry G. Zenke PFMM		Date of Receipt
Mailing Address PO Box 708		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	MN	55943-0708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA827953E675143D598D
Name of Employer	Occupation	Amount of Each Receipt this Period
Mound Prairie Mutual Insurance Company	General Manager	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2765.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1315.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="57042.98"/>

**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 138 OF 151
<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

Full Name (Last, First, Middle Initial) A. Grange Mutual Casualty Company PAC		Date of Receipt
Mailing Address 671 South High Street PO Box1218		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Columbus	State OH	Zip Code 43216
FEC ID number of contributing federal political committee. C C00302695	Transaction ID : A9FB27D12169F46B9963	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 44 EAST MIFFLIN STREET SUITE 801		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City MADISON	State WI	Zip Code 53703
FEC ID number of contributing federal political committee. C C00545194	Transaction ID : A83E58C7F73BB42DAB50	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="3000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) c. Shelter Mutual Insurance Company Federal PAC		Date of Receipt
Mailing Address 1817 West Broadway		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Columbia	State MO	Zip Code 65218
FEC ID number of contributing federal political committee. C C00140384	Transaction ID : AAF3D4D06621740F2951	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="4000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 151
<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. Shelter Mutual Insurance Company Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 West Broadway
 City Columbia State MO Zip Code 65218
 FEC ID number of contributing federal political committee. **C** C00140384
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2015
Transaction ID : A7FAF9B2E6FF94835AC3
 Amount of Each Receipt this Period
 1000.00

B. United Services Automobile Association Employee PAC - Usaa Employee PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 9800 Fredericksburg Road
 City San Antonio State TX Zip Code 78288
 FEC ID number of contributing federal political committee. **C** C00164145
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2015
Transaction ID : AF5D693F101404D7EA3B
 Amount of Each Receipt this Period
 5000.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	18000.00

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

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

FOR LINE NUMBER: PAGE 140 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1767.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : A786C7417AF374AD0B9F
 Amount of Each Receipt this Period
 305.40
 Reimb. of Bank Fees

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	305.40
TOTAL This Period (last page this line number only).....▶	305.40

**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 141 OF 151
<input 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 checked="" type="checkbox"/> 17

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

A. Chase Bank
Full Name (Last, First, Middle Initial)
Mailing Address 8751 Michigan Rd
City Indianapolis State IN Zip Code 46268-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 39.19

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : A792D06F5F85544CDB37
Amount of Each Receipt this Period 0.05
Interest

B. Chase Bank
Full Name (Last, First, Middle Initial)
Mailing Address 8751 Michigan Rd
City Indianapolis State IN Zip Code 46268-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 39.19

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : A7C949BC4D61444899C0
Amount of Each Receipt this Period 3.13
Interest

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

SUBTOTAL of Receipts This Page (optional).....▶	3.18
TOTAL This Period (last page this line number only).....▶	3.18

**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

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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 Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : BC7E03949A1D54CCB88C

Amount of Each Disbursement this Period

7.95

Category/
Type

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

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : B1BF8FE5925734AEE8DC

Amount of Each Disbursement this Period

141.38

Category/
Type

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

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

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : B5C7A912076C041FA8DA

Amount of Each Disbursement this Period

18.00

Category/
Type

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

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

167.33

**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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

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

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : BA17B38E82EA04743BD8

Amount of Each Disbursement this Period

12.50

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 Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : B80D16ED711274BC2A2C

Amount of Each Disbursement this Period

258.80

Full Name (Last, First, Middle Initial)

C. NAMIC Administrative Fund

Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

Purpose of Disbursement
Silent Auction 1/3 Rule Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : BB2C32B452C0F4728A4D

Amount of Each Disbursement this Period

3884.00

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

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

4155.30

4322.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Beatty for Congress

Mailing Address P.O. Box 172

City Columbus State OH Zip Code 43216-0172

Purpose of Disbursement Contribution

Candidate Name

Rep. Joyce B. Beatty

Office Sought: House Senate President

State: OH District: 03

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B015A4DD1F5694130A21

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement Contribution

Candidate Name

Rep. Joseph Crowley

Office Sought: House Senate President

State: NY District: 14

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B568C8C1D61CF4B1EBC0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address P.O. Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement Contribution

Candidate Name

Sen. Dean Heller

Office Sought: House Senate President

State: NV District:

Disbursement For: 2018 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B017DF91183274F26826

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. HELLERHIGHWATER PAC

Mailing Address P.O. Box 370672

City Las Vegas State NV Zip Code 89137-0672

Purpose of Disbursement
VOID from 8/28/15

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : BE1CBCE7561AD4B62964

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. HELLERHIGHWATER PAC

Mailing Address P.O. Box 370672

City Las Vegas State NV Zip Code 89137-0672

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : B0347D28BD4B14744AC7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McSally for Congress

Mailing Address PO BOX 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement
Contribution

Candidate Name

Martha E Mcsally

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Other2016**

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : BD5DD1D9EA818413FA44

Amount of Each Disbursement this Period

2000.00

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

-500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Mailing Address P.O. BOX 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement Contribution

Candidate Name

Ryan A Costello

Office Sought: House Senate President
State: PA District: 06

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **BB4DC37FFFB25492E907**

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. Scott Garrett for Congress

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement Contribution

Candidate Name

Rep. Scott Garrett

Office Sought: House Senate President
State: NJ District: 05

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **B807834D08A544AE68E6**

Amount of Each Disbursement this Period

2000.00

Category/Type

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

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

3000.00

10000.00

**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. Chris Turner Campaign

Mailing Address P.O. Box 182093

City State Zip Code
Arlington TX 76096-2093

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : B68CC0A3A955748AEBAF

Amount of Each Disbursement this Period

500.00

B. Committee to Elect Danny Crawford

Full Name (Last, First, Middle Initial)

Mailing Address 113 Lindsay Lane

City State Zip Code
Athens AL 35613

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B7DFC5B8AC79C4C91969

Amount of Each Disbursement this Period

500.00

C. Friends of Arnie Roblan

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1410

City State Zip Code
Coos Bay OR 97420-0329

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : BB4040235416A41DF8BF

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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. Friends of Brandon Creighton

Mailing Address 2257 N. Loop 336
Suite 140-336

City Conroe State TX Zip Code 77304-3566

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : B1DA7BEE260314F51B7F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Chris Edwards

Mailing Address P.O. Box 42097

City Eugene State OR Zip Code 97404-0571

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B9939A7CA4D84458C8E8

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Larry Taylor

Mailing Address P.O. Box 1208

City Friendswood State TX Zip Code 77549-1208

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : B4894EBBB98A94AE4A8A

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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. Friends of Lee Beyer

Mailing Address 951 South Street

City Springfield State OR Zip Code 97477-2382

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : B7F95E7F56A2444F3A17

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Huffines for Senate Campaign

Mailing Address 6125 Luther Lane, #284

City Dallas State TX Zip Code 75225-6202

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : B1592BB7A245B42AE888

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeff Longbine Campaign

Mailing Address P.O. Box 1903

City Emporia State KS Zip Code 66801-1903

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : BD25806B0313C48DAAAF

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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. Scott Schwab for Congress

Mailing Address 14953 W 140th Terrace

City Olathe State KS Zip Code 66062-5086

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : B779A74B1CA934BE0B8A

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Senfronia Thompson Campaign Fund

Mailing Address 1300 Main Street
Suite 300

City Houston State TX Zip Code 77002-6803

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : B24FCB669CBB14D6FAB1

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Sergio Munoz Campaign

Mailing Address P.O. Box 1257

City Mission State TX Zip Code 78573-0020

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : BE21FB952A2F342BFA6F

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

2000.00

**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. Stickland for House Campaign

Mailing Address 2501 Norwood

City State Zip Code
Hurst TX 76054-2735

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : B037867AA878245B88FB

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wilborn for Senate

Mailing Address 1504 Heritage Place

City State Zip Code
McPherson KS 67460-2123

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : BFCA65923ED5742ACBE4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Workman for Texas

Mailing Address P.O. Box 90671

City State Zip Code
Austin TX 78709-0671

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : B50443607D08043BB9AF

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

10500.00