

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 19 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Gregg Dykstra

Signature of Treasurer Electronically Filed by Gregg Dykstra Date 01 27 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	1

D	D
1	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		31031.58
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	87079.17									
(c) Total Receipts (from Line 19)	19257.82	253158.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	106336.99	284189.83								
7. Total Disbursements (from Line 31)	6095.86	183948.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100241.13	100241.13								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From:

M	M
1	1

D	D
1	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	8241.16	161451.08
(ii) Unitemized	1992.68	51111.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10233.84	212562.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	9000.00	39500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19233.84	252062.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	23.98	95.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19257.82	253158.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19257.82	253158.25

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	95.86	7368.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	95.86	7368.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	175000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1580.00
(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	1580.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6095.86	183948.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6095.86	183948.70

DETAILED SUMMARY PAGE
of Disbursements

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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)	19233.84	252062.72
34. Total Contribution Refunds (from Line 28(d))	0.00	1580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19233.84	250482.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95.86	7368.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95.86	7368.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 71
(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. Full Name (Last, First, Middle Initial)
Cathy M. Adcock
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 ▼ 205.00
Date of Receipt MM / DD / YYYY
12 / 30 / 2009
Transaction ID: 1F456958E28AB09EDAD
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Todd E. Albert
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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
11 / 24 / 2009
Transaction ID: 5E471B1D07270032EE2
Amount of Each Receipt this Period 66.68

C. Full Name (Last, First, Middle Initial)
Todd E. Albert
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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
12 / 07 / 2009
Transaction ID: 30CF9FC557118499DDF
Amount of Each Receipt this Period 33.34

SUBTOTAL of Receipts This Page (optional) 125.02
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 8 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Todd E. Albert	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address PO Box 111	Transaction ID: 155825A51DC2B8B0F7C
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 33.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ohio Mutual Insurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Todd E. Albert	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address PO Box 111	Transaction ID: 76D4C6D4FB851BAC09A
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 33.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ohio Mutual Insurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address Box 68700	Transaction ID: 1A57DECB2ED01B9C7DA
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1413.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.58
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 9 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9
	Mailing Address Box 68700	Transaction ID: 09EF7BFB3564E5CE5BD
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1413.00	

B.	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Mailing Address Box 68700	Transaction ID: 567B6CF51087E30D45D
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1413.00	

C.	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	Mailing Address Box 68700	Transaction ID: 24BC9831CCD730C78DD
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1413.00	

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 10 / 71
	<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.	Full Name (Last, First, Middle Initial) Diane Allen	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 6101 Anacapri Boulevard	Transaction ID: 0E140E2AEC629A84445
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President-Personnel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 350.00	

B.	Full Name (Last, First, Middle Initial) Diane Allen	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 6101 Anacapri Boulevard	Transaction ID: 1AF3EC99FF6DD8AB4D4
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President-Personnel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 350.00	

C.	Full Name (Last, First, Middle Initial) Bart Anderson	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address Box 68700	Transaction ID: EE8D1D400CCD560150B
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Senior VP - Member Services & Communic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 540.00	

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 11 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address Box 68700		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: 7F99A9AC0392F02B5D8
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="540.00"/>

B.	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address Box 68700		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: D1E7F3E2316D21F0BDA
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="540.00"/>

C.	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address Box 68700		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: CEB493BEA7F36AAF719
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="540.00"/>

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: (check only one)	PAGE 12 / 71
	<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.	Full Name (Last, First, Middle Initial) Lisa M. Ayotte		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address PO Box 30660		Transaction ID: 67F4D14EB050C243B7A		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00			

B.	Full Name (Last, First, Middle Initial) Lisa M. Ayotte		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address PO Box 30660		Transaction ID: C96DBF0D6D5029C0573		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00			

C.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 12 / 02 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 8672629E89F3578D548		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company		Occupation President & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.14			

SUBTOTAL of Receipts This Page (optional)	▶	165.39
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 71
	<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.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 12 / 16 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 831200BE39C869EC1CF		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 3000.14		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address One Mutual Avenue		Transaction ID: 96DE633BBA940B27B98		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 3000.14		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Stuart R. Birn		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address PO Box 30660		Transaction ID: 36A37C6C7E0262CCBB9		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation First Vice President, Secretary & Gene	Aggregate Year-to-Date 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	290.78
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stuart R. Birn

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: First Vice President, Secretary & General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: D0052EC7F0528D4FFA5
 Amount of Each Receipt this Period: 60.00

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

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt: 11 / 20 / 2009
Transaction ID: CDDC06BE74471DDF883
 Amount of Each Receipt this Period: 12.50

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

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt: 12 / 07 / 2009
Transaction ID: 2209B36CF404D727EEA
 Amount of Each Receipt this Period: 12.50

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 15 / 71
	<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.	Full Name (Last, First, Middle Initial) Marsha Brown	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address PO Box 68700	Transaction ID: E23394DEEBAA33D296B
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Regulatory Affairs Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 337.50	

B.	Full Name (Last, First, Middle Initial) Marsha Brown	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address PO Box 68700	Transaction ID: EC1DC89D75F8151BD15
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Regulatory Affairs Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 337.50	

C.	Full Name (Last, First, Middle Initial) Bob I. Buchanan	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 6101 Anacabri Boulevard	Transaction ID: E0A2F6CABC8F194908B
	City Lansing State MI Zip Code 48917-3968	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Com-pany Occupation: Vice President-Applications Developmen Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 71
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Bob I. Buchanan

Mailing Address 6101 Anacapri Boulevard

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Vice President-Applications Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: CCE865BCD48AF0405B0

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Stephen Buell

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: B9462898CD77AC33F67

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Stephen Buell

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 8C1A43A8E9570880FA6

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: PAGE 17 / 71
(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. Full Name (Last, First, Middle Initial)
Jerry J. Canada, Clu
Mailing Address PO Box 1250
City Indianapolis State IN Zip Code 46206-1250
FEC ID number of contributing federal political committee. **C**
Name of Employer United Farm Family Mutual Insurance Co Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 23 / 2009
Transaction ID: BE2AF3A78D0B3AB265A
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John S. Case
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 ▼ 241.74
Date of Receipt 12 / 03 / 2009
Transaction ID: 9629D6C94490F23CE85
Amount of Each Receipt this Period 20.84

C. Full Name (Last, First, Middle Initial)
Charles M. Chamness
Mailing Address 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 ▼ 3430.00
Date of Receipt 11 / 20 / 2009
Transaction ID: 90FD1EC06DF7CF4D85B
Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional) ▶ 610.84
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 18 / 71
	<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.	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address Box 68700	Transaction ID: ECC150B1F2FEE1039CB
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3430.00	

B.	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address Box 68700	Transaction ID: 19D091EA423D0A02DFC
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3430.00	

C.	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address Box 68700	Transaction ID: 3291620F61AEBB4F9FF
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3430.00	

SUBTOTAL of Receipts This Page (optional)	270.00
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 19 / 71
(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. Full Name (Last, First, Middle Initial)
Darwin G. Copeman, Cpcu
Mailing Address PO Box 468
City Neenah State WI Zip Code 54957-0468
FEC ID number of contributing federal political committee. **C**
Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 12 / 30 / 2009
Transaction ID: 0DDDF91CF2E95081F8C
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Joseph Dechatelets, Cpcu
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 ▼ 293.00
Date of Receipt 11 / 30 / 2009
Transaction ID: D4E93C803750A0EC91A
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Joseph Dechatelets, Cpcu
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 ▼ 293.00
Date of Receipt 12 / 30 / 2009
Transaction ID: DCB708BF04D8D211E89
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D.	Date of Receipt
	Mailing Address Box 68700	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City State Zip Code Indianapolis IN 46268-0700	Transaction ID: 8B28709A47641A84CB8
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="48.25"/>
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 ▼ <input type="text" value="1300.00"/>	

B.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D.	Date of Receipt
	Mailing Address Box 68700	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City State Zip Code Indianapolis IN 46268-0700	Transaction ID: 968DB49C8D7F345DB76
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="48.25"/>
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 ▼ <input type="text" value="1300.00"/>	

C.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D.	Date of Receipt
	Mailing Address Box 68700	<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City State Zip Code Indianapolis IN 46268-0700	Transaction ID: CEEF15AA6BE77D05506
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="48.25"/>
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 ▼ <input type="text" value="1300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="144.75"/>
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 21 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Detelesen, Ph.D.

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 30 / 2009

Transaction ID: C8A24C54EB084B20D97

Amount of Each Receipt this Period 48.00

B.

Full Name (Last, First, Middle Initial)
Charles W. Drier

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 Com-pany Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 11 / 30 / 2009

Transaction ID: BE69AEC763C62D06B01

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Charles W. Drier

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 Com-pany Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 876504B3C2618501569

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 148.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 11 / 20 / 2009
Transaction ID: A8E6FA73DED576A5DBB
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 12 / 07 / 2009
Transaction ID: DAFDC2B78732E13D676
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1030.00

Date of Receipt 12 / 18 / 2009
Transaction ID: C678B521D73BD1654E9
Amount of Each Receipt this Period 30.00

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: PAGE 23 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer: National Association of Mutual Insurance Companies
Occupation: Senior Vice President-Internal Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1030.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 295CA63562EE6A0C2BB
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Fred A. Edmond, Cpcu, Cic
Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.75

Date of Receipt: 12 / 02 / 2009
Transaction ID: 37B240B8DC3A7173C4A
Amount of Each Receipt this Period: 38.47

C. Full Name (Last, First, Middle Initial)
Fred A. Edmond, Cpcu, Cic
Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.75

Date of Receipt: 12 / 16 / 2009
Transaction ID: A24376DD17AA2D39D31
Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ► 106.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address One Mutual Avenue	Transaction ID: 35C10C72AF5E046C63E
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Frankenmuth Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1000.75	

B.	Full Name (Last, First, Middle Initial) Andrew M. Eriksen	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address PO Box 30660	Transaction ID: 1F5C819513CA8598948
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Manager-Project Research & Coordination Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 450.00	

C.	Full Name (Last, First, Middle Initial) Andrew M. Eriksen	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address PO Box 30660	Transaction ID: 6DE95F2AA3E8BE8721D
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Manager-Project Research & Coordination Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 450.00	

SUBTOTAL of Receipts This Page (optional)	138.47
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bryan Gilleland

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.70

Date of Receipt: 12 / 02 / 2009
Transaction ID: 675D4D615ACFD857B4E
 Amount of Each Receipt this Period: 38.47

B.

Full Name (Last, First, Middle Initial)
Bryan Gilleland

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.70

Date of Receipt: 12 / 16 / 2009
Transaction ID: 3159AB232D99B4B6FE0
 Amount of Each Receipt this Period: 38.47

C.

Full Name (Last, First, Middle Initial)
Bryan Gilleland

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.70

Date of Receipt: 12 / 30 / 2009
Transaction ID: F4C4673D052E5582893
 Amount of Each Receipt this Period: 38.47

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 71
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Jimi Grande

Mailing Address 5956 Coopers Landing Ct

City State Zip Code
Burke VA 22015-2568

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

Name of Employer: National Association of Mutual Insuran
Occupation: Vice President-Federal and Political A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 29A3C71FF9A30B14106
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
William R. Harvey

Mailing Address One Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer: Preferred Mutual Insurance Company
Occupation: Director Systems Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 12 / 03 / 2009
Transaction ID: 9F528CC81C0951FF2A8
Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
William R. Harvey

Mailing Address One Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer: Preferred Mutual Insurance Company
Occupation: Director Systems Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 44BAE21D6F829339A26
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **1040.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 71
	<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.	Full Name (Last, First, Middle Initial) Timothy Hegarty, Jr., Cpcu		Date of Receipt	
	Mailing Address 222 Ames Street		M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 46B6F70D0D4616308AA
	Dedham	MA	02026	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		43.56		
Name of Employer Norfolk & Dedham Group		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00		

B.	Full Name (Last, First, Middle Initial) Brenda G. Hennenfent		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: D7F8C7FCFAE090966AA
	Lansing	MI	48909-8160	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.00		
Name of Employer Auto-Owners Insurance Company		Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

C.	Full Name (Last, First, Middle Initial) Brenda G. Hennenfent		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: C0040BBFA0C0C72BE29
	Lansing	MI	48909-8160	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.00		
Name of Employer Auto-Owners Insurance Company		Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	▶	83.56
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 / 71
(check only one)

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

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

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

A.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.18

Date of Receipt: 12 / 02 / 2009
Transaction ID: 26B5857E7A1377AF80F

Amount of Each Receipt this Period: 76.93

B.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.18

Date of Receipt: 12 / 16 / 2009
Transaction ID: A7849A7389E54085B28

Amount of Each Receipt this Period: 76.93

C.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.18

Date of Receipt: 12 / 30 / 2009
Transaction ID: 4151A75F1AC32E86997

Amount of Each Receipt this Period: 76.93

SUBTOTAL of Receipts This Page (optional) ► **230.79**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 71
	<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.	Full Name (Last, First, Middle Initial) Georgiann Howell	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: E9CA4D100A6574EC6A8
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Communications Director-Federal Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00	

B.	Full Name (Last, First, Middle Initial) Georgiann Howell	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: 1504419606A4A17FDDA
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Communications Director-Federal Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00	

C.	Full Name (Last, First, Middle Initial) Georgiann Howell	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: B6E9476F1ABD5DA8CCC
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Communications Director-Federal Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00	

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: PAGE 30 / 71
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Georgiann Howell

Mailing Address 122 C Street Northwest
Suite 540

City Washington State DC Zip Code 20001

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

Name of Employer National Association of Mutual Insuran Occupation Communications Director-Federal Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt 12 / 30 / 2009
Transaction ID: 6984802E3040AF9EB1B

Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Timothy Hyle

Mailing Address One Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 03 / 2009
Transaction ID: BA73726D8DC16FDE5EF

Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Timothy Hyle

Mailing Address One Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 30 / 2009
Transaction ID: 19245647AE80935A250

Amount of Each Receipt this Period 40.00

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: PAGE 31 / 71
(check only one)

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

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

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

A.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Sales/Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: 096F187B3EB721ADA24

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Sales/Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: E65BCAD6388535C6C9A

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Tim Lynch

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: C7F6FC1A5A9AA645213

Amount of Each Receipt this Period
25.00

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: PAGE 32 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tim Lynch

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 536749061EB1AB112A7
 Amount of Each Receipt this Period: 25.00

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

Mailing Address Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.50

Date of Receipt: 11 / 20 / 2009
Transaction ID: F2E7EDA1CDCB50A7FD5
 Amount of Each Receipt this Period: 13.50

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

Mailing Address Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.50

Date of Receipt: 12 / 07 / 2009
Transaction ID: E35D66369CF2F17C148
 Amount of Each Receipt this Period: 13.50

SUBTOTAL of Receipts This Page (optional) ► 52.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 71
(check only one)

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

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

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

A.

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.50

Date of Receipt 12 / 18 / 2009

Transaction ID: 110CD0E71E7C499FE32

Amount of Each Receipt this Period 13.50

B.

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.50

Date of Receipt 12 / 30 / 2009

Transaction ID: 571FC869C46E646E1F4

Amount of Each Receipt this Period 13.50

C.

Full Name (Last, First, Middle Initial)
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 Com-pany Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 11 / 30 / 2009

Transaction ID: F320D9147433989A4C5

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 77.00

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 34 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Diane Marshall

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 1249AF982F7DA283034

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave.

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Technical Serv. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 961.70

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

Transaction ID: 733B6CA8BC4D42DBDF5

Amount of Each Receipt this Period
38.47

C.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave.

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Technical Serv. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 961.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 1BB963ED06728742D27

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ► **126.94**

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

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

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

FOR LINE NUMBER: PAGE 35 / 71
(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. Full Name (Last, First, Middle Initial)
Phil McCain
 Mailing Address 1 Mutual Ave.
 City State Zip Code
 Frankenmuth MI 48787-0001
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 9
Transaction ID: EF6E0074304F9F927C5
 Amount of Each Receipt this Period
 38.47
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company
 Occupation Technical Serv. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 961.70

B. Full Name (Last, First, Middle Initial)
Sherry L. McKenzie, Aam, Ais
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 9
Transaction ID: 99E7B9E40EB04DF69B0
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company
 Occupation Assistant Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

C. Full Name (Last, First, Middle Initial)
Sherry L. McKenzie, Aam, Ais
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 9
Transaction ID: 5009A46517F8B0D0D6F
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company
 Occupation Assistant Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

SUBTOTAL of Receipts This Page (optional) ► **98.47**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 71
(check only one)

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

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

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

A.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.97

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: BC8FEB094118E0E60DF

Amount of Each Receipt this Period
38.46

B.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.97

Date of Receipt
MM / DD / YYYY
12 / 16 / 2009

Transaction ID: 65DCB331E6E3D677E8F

Amount of Each Receipt this Period
38.46

C.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.97

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 51B863EA1D97D7F3F52

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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 / 71
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Marliss McManus</p> <p>Mailing Address 122 C St NW Ste 540</p> <p>City State Zip Code Washington DC 20001-2102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: National Association of Mutual Insuran Occupation: Senior Director - Federal Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 38438514424A8EC46F8</p> <p>Amount of Each Receipt this Period 20.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	0	/	2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Marliss McManus</p> <p>Mailing Address 122 C St NW Ste 540</p> <p>City State Zip Code Washington DC 20001-2102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: National Association of Mutual Insuran Occupation: Senior Director - Federal Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 52B3DA84B293F4E141F</p> <p>Amount of Each Receipt this Period 20.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	7	/	2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Marliss McManus</p> <p>Mailing Address 122 C St NW Ste 540</p> <p>City State Zip Code Washington DC 20001-2102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: National Association of Mutual Insuran Occupation: Senior Director - Federal Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 614C42696DBD1F94B8A</p> <p>Amount of Each Receipt this Period 20.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	8	/	2	0	0	9												

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

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Marliss McManus		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address 122 C St NW Ste 540		Transaction ID: 762744EF5673BF906CB		
	City Washington	State DC	Zip Code 20001-2102	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Mutual Insuran		Occupation Senior Director - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00			

B.	Full Name (Last, First, Middle Initial) Dennis R. McMullen		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address PO Box 30660		Transaction ID: A900EC468D2065E7498		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Com-pany		Occupation Assistant Vice President - IT Dept.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00			

C.	Full Name (Last, First, Middle Initial) Dennis R. McMullen		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address PO Box 30660		Transaction ID: 73FC91136ECDB8C5FB7		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Com-pany		Occupation Assistant Vice President - IT Dept.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00			

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: PAGE 39 / 71
(check only one)

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

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

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

A.

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

Mailing Address 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 Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2009

Transaction ID: 6D93905A6B7488A5DC4

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 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 Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2009

Transaction ID: AC68558E20FFE09729C

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 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 Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2009

Transaction ID: BC505E516AD331CF571

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 40 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Middleton	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address Box 68700	Transaction ID: 0A6675440AB0253B662
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran		Occupation Controller
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Kathy Mitchell	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 122 C St NW Ste 540	Transaction ID: 303630B24099FAABF3E
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran		Occupation Senior Federal Affairs Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Carolyn B. Muller	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address PO Box 30660	Transaction ID: 540F322F2CE6869A1A5
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Auto-Owners Insurance Com-pany		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00

SUBTOTAL of Receipts This Page (optional)	95.00
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 / 71
	<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.	Full Name (Last, First, Middle Initial) Carolyn B. Muller	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address PO Box 30660	Transaction ID: 3FFE13BE919B0CB051A
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Auto-Owners Insurance Company Occupation Aggregate Year-to-Date Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Joel P. Murray	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address 222 Ames Street	Transaction ID: 7D777FEE5B10DFCE1AB
	City State Zip Code Dedham MA 02026-1850	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Division Manager-Marketing Aggregate Year-to-Date Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) William C. Myers	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address One Commerce Square 2005 Market Street	Transaction ID: DBAAE3072BE18E25CDD
	City State Zip Code Philadelphia PA 19103-7008	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Aggregate Year-to-Date Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	65.00
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 42 / 71
(check only one)

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

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

A.

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

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 17 / 2009
Transaction ID: A94CDD98376CC43F471
Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Katherine Noiro

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 Com-pany Occupation Senior Vice President, Personal Lines
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 4AD27A9009A2DD843A7
Amount of Each Receipt this Period 40.00

C.

Full Name (Last, First, Middle Initial)
Katherine Noiro

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 Com-pany Occupation Senior Vice President, Personal Lines
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 30 / 2009
Transaction ID: E934819943AECA5BAE1
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: (check only one)	PAGE 43 / 71
	<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.	Full Name (Last, First, Middle Initial) Mary S. Pierce		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 7C31B1A499F36104646
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Auto-Owners Insurance Company		Occupation AVP-Home Office Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00		

B.	Full Name (Last, First, Middle Initial) Mary S. Pierce		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 6B1D2F5AD104E4A5B37
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Auto-Owners Insurance Company		Occupation AVP-Home Office Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00		

C.	Full Name (Last, First, Middle Initial) David Reddick, Ph.D.		Date of Receipt	
	Mailing Address 3601 Vincennes Road		M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: B13DDBC1259DB1BB759
	Indianapolis	IN	46268-1154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer National Association of Mutual Insuran		Occupation Director - Public Policy Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00		

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: PAGE 44 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Reddick, Ph.D.
Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 07 / 2009
Transaction ID: 9E5CA09D42363EC6B96
 Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
David Reddick, Ph.D.
Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 18 / 2009
Transaction ID: 3497BFC142D990752FC
 Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
David Reddick, Ph.D.
Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 30 / 2009
Transaction ID: 1F8C4458B90FDBA63F5
 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 45 / 71
	<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.	Full Name (Last, First, Middle Initial) Liz Reynolds, Cpcu, Api	Date of Receipt
	Mailing Address PO Box 68700	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City State Zip Code Indianapolis IN 46268-0700	Transaction ID: 2E5768A111F5D0D458D
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Southeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 270.00	

B.	Full Name (Last, First, Middle Initial) Liz Reynolds, Cpcu, Api	Date of Receipt
	Mailing Address PO Box 68700	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9
	City State Zip Code Indianapolis IN 46268-0700	Transaction ID: 955735AE447D207F818
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Southeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 270.00	

C.	Full Name (Last, First, Middle Initial) Liz Reynolds, Cpcu, Api	Date of Receipt
	Mailing Address PO Box 68700	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	City State Zip Code Indianapolis IN 46268-0700	Transaction ID: 7377C8D5655AB79AA92
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Southeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 270.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
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 46 / 71

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Liz Reynolds, Cpcu, Api

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran State Affairs Manager/Southeast Region

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

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

Transaction ID: C90FFD95F7B31CA7BF6

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Com- Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 9E7B3A1B279DD108D42

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Com- Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 7C2F9AAA1F9A59B2FA1

Amount of Each Receipt this Period

30.00

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: PAGE 47 / 71
(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. Full Name (Last, First, Middle Initial)
Linwood Gerald Roach, Cpcu, Flmi
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 ▼ 2560.00

Date of Receipt: 12 / 03 / 2009
Transaction ID: C63F80B23E22D9BE0E6
 Amount of Each Receipt this Period: 210.00

B. Full Name (Last, First, Middle Initial)
Dennis C. Rowe
Mailing Address PO Box 2361

City Harrisburg State PA Zip Code 17105-2361

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

Name of Employer Penn National Insurance Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 5CB355F10B1BEFF93C5
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Rodney J. Rupp
Mailing Address 6101 Anacabri Boulevard

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 Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: F1FDE547247AEDFE306
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 770.00

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 48 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rodney J. Rupp

Mailing Address 6101 Anacapri Boulevard

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: CBAF0855A801DE5C59F

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Kenneth Schroeder

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
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 Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 7200DFEE2BF994CFD8

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Kenneth Schroeder

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
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 Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 96D23F4C2188057F3E1

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 49 / 71
(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
							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.

Full Name (Last, First, Middle Initial)
Paul Sells

Mailing Address 1 Commerce Sq

City Philadelphia State PA Zip Code 19103-7042

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 24 / 2009

Transaction ID: 53398190CA24C403E4E

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Paul Sells

Mailing Address 1 Commerce Sq

City Philadelphia State PA Zip Code 19103-7042

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 17 / 2009

Transaction ID: 78EBF61C8421F7A4823

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Stephanie Sheridan

Mailing Address 122 C Street Northwest Suite 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 Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 20 / 2009

Transaction ID: 43A57D36583140D08F9

Amount of Each Receipt this Period 10.00

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 50 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stephanie Sheridan	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: 3CDFFC6BC9DE3A248E2
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: PAC Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Stephanie Sheridan	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: 78E402035294838DBA8
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: PAC Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Stephanie Sheridan	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: C00B40BAE2B31B89322
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: PAC Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

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 51 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant Vice President - Member Serv	Transaction ID: 6455F5C7F51CF568200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant Vice President - Member Serv	Transaction ID: 1D0F0A51E9B6D648EAF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Assistant Vice President - Member Serv	Transaction ID: FFBD4C0CD83C08C399E
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

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: (check only one)	PAGE 52 / 71
	<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. Full Name (Last, First, Middle Initial)
Kristen Sizelove

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 30 / 2009

Transaction ID: B3EC5F667D163FD3374

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2640.00

Date of Receipt 11 / 24 / 2009

Transaction ID: 64D9815F3A7A7669044

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2640.00

Date of Receipt 12 / 17 / 2009

Transaction ID: B8A1EAA472B88169138

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) **170.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 71

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

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, Vice President - Claims
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt

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

Transaction ID: 1442E44A195E611917C

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

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, Vice President - Claims
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 1645A391F1689704116

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

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, Vice President - Claims
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt

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

Transaction ID: 7283103D81D0DAE603C

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 8BDEB71939A2931EA54

Amount of Each Receipt this Period 20.00

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

Mailing Address PO Box 100045

City Duluth State GA Zip Code 30096-9345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 2C55209E2A9ED517171

Amount of Each Receipt this Period 60.00

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

Mailing Address PO Box 100045

City Duluth State GA Zip Code 30096-9345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 045C8BD69CBFF44F9C0

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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 / 71
	<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.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address PO Box 68700	Transaction ID: 910330CF72F949E9D75
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: State Affairs Manager/Northeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address PO Box 68700	Transaction ID: 5AF727136FB278856FF
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: State Affairs Manager/Northeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

C.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address PO Box 68700	Transaction ID: A9FE18136FCCB0EDA8E
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: State Affairs Manager/Northeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

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 56 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9		
	Mailing Address PO Box 68700		Transaction ID: 59EBF35F697F09F8D94		
	City Indianapolis	State IN	Zip Code 46268-0700	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
540.00

B.	Full Name (Last, First, Middle Initial) Daniel J. Thelen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 9		
	Mailing Address PO Box 30660		Transaction ID: E1F0FAB863628B99F7D		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Com-pany	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
440.00

C.	Full Name (Last, First, Middle Initial) Daniel J. Thelen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9		
	Mailing Address PO Box 30660		Transaction ID: 699D1E3FA2EC5E9E3B8		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Com-pany	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
440.00

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 57 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 20 / 2009

Transaction ID: 9BB58452A9C12A3AB56

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 07 / 2009

Transaction ID: D6C4CC5F959AC31A964

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 18 / 2009

Transaction ID: 35BFE99FF39983DA5BA

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 71
(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. Full Name (Last, First, Middle Initial)
Joe Thesing
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - State Affai
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00
Date of Receipt 12 / 30 / 2009
Transaction ID: 546A7653110282BA12C
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Bruce Thomas, Pfm
Mailing Address 409 Kenyon Rd
City Fort Dodge State IA Zip Code 50501-5718
FEC ID number of contributing federal political committee. **C**
Name of Employer Heartland Mutual Insurance Association Occupation President/CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3720.00
Date of Receipt 11 / 20 / 2009
Transaction ID: 29C10776650378180DB
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Bruce Thomas, Pfm
Mailing Address 409 Kenyon Rd
City Fort Dodge State IA Zip Code 50501-5718
FEC ID number of contributing federal political committee. **C**
Name of Employer Heartland Mutual Insurance Association Occupation President/CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3720.00
Date of Receipt 12 / 18 / 2009
Transaction ID: F858DFA65370A725078
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 220.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 71
(check only one)

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

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

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

A.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 512D255D3196D287CB6

Amount of Each Receipt this Period
39.00

B.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2009

Transaction ID: 8BF0FE9B01F77523410

Amount of Each Receipt this Period
39.00

C.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 0F914D9AB5ECB239DED

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional) ► **117.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 71
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Ulmer

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 20 / 2009

Transaction ID: B0B9EBBE150E9676299

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Michael Ulmer

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 07 / 2009

Transaction ID: 57479B50812BE6BD96B

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Michael Ulmer

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 18 / 2009

Transaction ID: F94EA87D489C2BFD23E

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: PAGE 61 / 71
(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. Full Name (Last, First, Middle Initial)
Michael Ulmer
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00
Date of Receipt 12 / 30 / 2009
Transaction ID: B327724C3EF87509285
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Aaron Valentine
Mailing Address One Preferred Way
City New Berlin State NY Zip Code 13411-1800
FEC ID number of contributing federal political committee. **C**
Name of Employer Preferred Mutual Insurance Company Occupation Vice President & CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 12 / 03 / 2009
Transaction ID: B9AD454415B3458AD01
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Aaron Valentine
Mailing Address One Preferred Way
City New Berlin State NY Zip Code 13411-1800
FEC ID number of contributing federal political committee. **C**
Name of Employer Preferred Mutual Insurance Company Occupation Vice President & CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 12 / 30 / 2009
Transaction ID: 6FE366F5E33BFAF50DA
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: PAGE 62 / 71
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
James J. Walsh, Jr.

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Vice President-Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: B562D926D36D7DF914B
 Amount of Each Receipt this Period: 40.00

B.

Full Name (Last, First, Middle Initial)
James J. Walsh, Jr.

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Vice President-Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: D42865D8B974F518B90
 Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
Ian R. Ward

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Senior Vice President, Investments and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: FDB6A0BCD245CF2DD71
 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 63 / 71
(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. Full Name (Last, First, Middle Initial)
Mark Wenger
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 Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 378.00
Date of Receipt 11 / 30 / 2009
Transaction ID: F57B8FD127CE1224D21
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Mark Wenger
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 Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 378.00
Date of Receipt 12 / 30 / 2009
Transaction ID: AD785ADC89C3086A08F
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
James W. Wilds, Cpcu, Arm,
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48734
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 ▼ 975.00
Date of Receipt 12 / 02 / 2009
Transaction ID: C37E076894F8BCD130A
Amount of Each Receipt this Period 39.00

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 64 / 71
	<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.	Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: 6E605413FC14D595368
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 975.00	<input type="text"/> 39.00

B.	Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: 780D7CCEEB3EC2024DE
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 975.00	<input type="text"/> 39.00

C.	Full Name (Last, First, Middle Initial) William Woodbury		Date of Receipt
	Mailing Address 6101 Anacpuri Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lansing	MI	48917-3968
	FEC ID number of contributing federal political committee. C		Transaction ID: 3F5354F4503B117D884
Name of Employer Auto-Owners Insurance Company		Occupation Vice President & Associate General Cou	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 318.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 108.00
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 65 / 71
	<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.	Full Name (Last, First, Middle Initial) William Woodbury	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 6101 Anacapri Boulevard	Transaction ID: F4D7977059530D6F952
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President & Associate General Cou Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey S. Wrobel, Sr., Cpcu,	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address PO Box 6927	Transaction ID: B39A5006149BBC6250B
	City State Zip Code Richmond VA 23230-0927	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Mutual Assurance Society of Virginia Occupation: IS & Services Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 388.24	

C.	Full Name (Last, First, Middle Initial) Michael A. Yeager	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address 1047 W Hamilton St	Transaction ID: 3A3C557B18518467F62
	City State Zip Code Allentown PA 18101-1012	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Mutual Insurance Company of Lehigh Cou Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	135.84
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: PAGE 66 / 71

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Steve Zabriskie

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 Com-
pany

Occupation
AVP - Sales

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 5D038913518DA572D3C

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Steve Zabriskie

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 Com-
pany

Occupation
AVP - Sales

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 591D260E6955DF53D71

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

8241.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 71
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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.

Full Name (Last, First, Middle Initial) Employers Mutual Casualty Company Committee for Responsible Federal Government		Date of Receipt
Mailing Address 717 Mulberry Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
City	State	Zip Code
Des Moines	IA	50309
FEC ID number of contributing federal political committee.	<input type="text" value="C00163873"/>	Transaction ID: 2232017AF6930F8D530
Name of Employer	Occupation	Amount of Each Receipt this Period
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"/>
	<input type="text" value="4000.00"/>	

B.

Full Name (Last, First, Middle Initial) Fbl Financial Group Inc Pac		Date of Receipt
Mailing Address 5400 University Ave		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
City	State	Zip Code
West Des Moines	IA	50266
FEC ID number of contributing federal political committee.	<input type="text" value="C00317297"/>	Transaction ID: 0359BE9B587F566C1D9
Name of Employer	Occupation	Amount of Each Receipt this Period
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"/>
	<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

A. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 8751 N Michigan Road <hr/> City Indianapolis State IN Zip Code 46268 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 488C473127D5E687B0D Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 50.86
B. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 8751 N Michigan Road <hr/> City Indianapolis State IN Zip Code 46268 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0B65285A8E74ED25911 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 45.00

SUBTOTAL of Disbursements This Page (optional)	95.86
TOTAL This Period (last page this line number only)	95.86

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

<p>A. Full Name (Last, First, Middle Initial) Blaine for Congress 2010</p> <p>Mailing Address PO Box 2010</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 717FA78A3D710CCF1B7</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F495396F6B55656998D</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Defend America Pac</p> <p>Mailing Address PO Box 2626</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Defend America Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 8249141024DD845F62E</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Forward Together Pac <hr/> Mailing Address 201 North Union Street Suite 300 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Forward Together Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution State: District:	Transaction ID: 4F6D89B6DD82D6373E9 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
B. Full Name (Last, First, Middle Initial) Jackie Speier for Congress <hr/> Mailing Address Post Office Box 112 <hr/> City Burlingame State CA Zip Code 94011 <hr/> Purpose of Disbursement 2010 Primary Candidate Name K. Jacqueline Speier <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution State: CA District: 12	Transaction ID: 86E211D4314452BC2BF Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Jobs, Economy and Budget Fund (JEB FUND) <hr/> Mailing Address 7315 Wisconsin Avenue Suite 310 East <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Jobs, Economy and Budget Fund (JEB FUND) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution State: District:	Transaction ID: 5424A3368BA7C59E8D6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pete Sessions for Congress		Transaction ID: DA5D746A950B3DCA1CF	
	Mailing Address PO Box 823047		Date of Disbursement 12 / 30 / 2009	
	City Dallas	State TX	Zip Code 75382	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement 2010 Primary		011	
	Candidate Name Pete Sessions		Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: TX	District: 32		

SUBTOTAL of Disbursements This Page (optional)

-5000.00

TOTAL This Period (last page this line number only)

6000.00