

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		61979.34
(b) Cash on Hand at Beginning of Reporting Period.....	40711.62	
(c) Total Receipts (from Line 19)	41269.78	290082.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81981.40	352062.11
7. Total Disbursements (from Line 31).....	62977.53	333058.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19003.87	19003.87
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31786.76	187578.35
(ii) Unitemized	8784.61	75357.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40571.37	262935.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	25250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	41071.37	288185.35
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).....	193.20	1860.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5.21	37.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	41269.78	290082.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41269.78	290082.77

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	227.53	2158.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	227.53	2158.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	305500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	13750.00	25250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	62977.53	333058.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62977.53	333058.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41071.37	288185.35
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41071.37	288035.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	227.53	2158.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	193.20	1860.04
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34.33	298.20

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Don H. Adams CIC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 571310

City Murray	State UT	Zip Code 84157-1310
FEC ID number of contributing federal political committee. C		
Name of Employer Bear River Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
07 / 11 / 2014
Transaction ID : A503E82AF700B494F88A

Amount of Each Receipt this Period
100.00

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

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Date of Receipt
07 / 07 / 2014
Transaction ID : A635FBF17BEA14AEEB49

Amount of Each Receipt this Period
75.00

C. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Date of Receipt
07 / 14 / 2014
Transaction ID : AB7738DCC0CCF4F35A6E

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	205.00
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 8 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Thomas Alighieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A1F414969C1A64D128EB
 Amount of Each Receipt this Period
 20.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : AC447FFF19AAF446DB12
 Amount of Each Receipt this Period
 20.00

C. Mr. Neil Aldredge
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Senior Vice President - State and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : A6DC5DB2B120A47E6873
 Amount of Each Receipt this Period
 40.00

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 9 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Neil Alldredge		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2014 Transaction ID : A78F7D6B75FE448C3A8A
Mailing Address PO Box 68700		Amount of Each Receipt this Period 40.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President - State and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Ms. Diane Allen		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2014 Transaction ID : A377D022A5B1B44C6B52
Mailing Address 6101 Anacapri Blvd		Amount of Each Receipt this Period 60.00
City Lansing	State MI	Zip Code 48917-3994
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Personnel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Ms. Lisa M Ayotte		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2014 Transaction ID : A6770C2609D5147B6B4C
Mailing Address PO Box 30660		Amount of Each Receipt this Period 30.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation AVP- Real Estate & Operational Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael D. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : AA0F34CD3854A4B7685E
 Amount of Each Receipt this Period **50.00**

B. Mr. Roger Ballard CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 11 / 2014**
Transaction ID : AC64BAF4C732D441A9C8
 Amount of Each Receipt this Period **300.00**

C. Chris Belcher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **437.50**

Date of Receipt **07 / 11 / 2014**
Transaction ID : A70CC83A41FDF458CACD
 Amount of Each Receipt this Period **62.50**

SUBTOTAL of Receipts This Page (optional)..... **412.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1638.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A21975F16262A44138D9
 Amount of Each Receipt this Period
 117.00

B. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A95C03769B0364F9DAF5
 Amount of Each Receipt this Period
 117.00

C. Mr. Jonathan Bergner
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : A5BD072DE5D0E496B93B
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	734.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Rena Bilodeau
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President - Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : AB115F9A0637A43638C4
 Amount of Each Receipt this Period
 100.00

B. Ms. Gina Boone
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President/Secretary & General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A52123E24A21347B886A
 Amount of Each Receipt this Period
 538.00

C. Mrs. Lynn Brewer
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 South US Highway 77-A
 City Yoakum State TX Zip Code 77995-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hochheim Prairie Farm Mutual Insurance Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A9EF900E47AC74F73B87
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	888.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James Buch PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 307

City State Zip Code
Keystone IA 52249-0307

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

Name of Employer Occupation
Benton Mutual Insurance Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : A45420A9992014B469A5

Amount of Each Receipt this Period
250.00

B. Ms. Ginny Caro
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City State Zip Code
Phoenix AZ 85012-3074

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

Name of Employer Occupation
CopperPoint Mutual Insurance Company Vice President of Claims Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.58

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : A6327621ECA4F476FA6B

Amount of Each Receipt this Period
41.66

c. Ms. Ginny Caro
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City State Zip Code
Phoenix AZ 85012-3074

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

Name of Employer Occupation
CopperPoint Mutual Insurance Company Vice President of Claims Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.24

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : AFF112BC2225D442C8B6

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	333.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Charles M. Chamness		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AAC6FA09544F743B2B27
National Association of Mutual Insuran	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1350.00"/>	<input type="text" value="90.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Charles M. Chamness		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : ADA8804B5F1F9428AB58
National Association of Mutual Insuran	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1440.00"/>	<input type="text" value="90.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Linda Church		Date of Receipt
Mailing Address PO Box 708		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	MN	55943-0708
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A6018EDCD5943444FA29
Mound Prairie Mutual Insurance Company	Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="430.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 14 / 2014**

Transaction ID : AC8A5919325A04EDAB52

Amount of Each Receipt this Period **39.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : AE4CE1258D2784DC3BDB

Amount of Each Receipt this Period **39.00**

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

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : AEF47E7BA5A714B8F98F

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **278.00**

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 16 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A7246AB74B8484160BEF
 Amount of Each Receipt this Period
 100.00

B. Mr. Tom Danielson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City Houston State MN Zip Code 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mound Prairie Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : AFBCF5C7E27A941928DA
 Amount of Each Receipt this Period
 250.00

C. Mr. Dan DeArment PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 646
 City Bedford State PA Zip Code 15522-0646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Friends Cove Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : AD64D1DECE25446A0BE6
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Joseph DeChatelets CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 21 / 2014**
Transaction ID : AC86FF79ED40B48A2BD7
 Amount of Each Receipt this Period **1200.00**

B. Mr. Rick DeGraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation CAO & Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **541.71**

Date of Receipt **07 / 10 / 2014**
Transaction ID : A6C952FFAB0FA4CEBA6F
 Amount of Each Receipt this Period **41.67**

C. Mr. Rick DeGraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation CAO & Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.38**

Date of Receipt **07 / 24 / 2014**
Transaction ID : ABAFADAC780244A73AE9
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **1283.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 652.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : A2021E32F72FE4EC4B28
 Amount of Each Receipt this Period
 43.48

B. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 695.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : AECF4A14483684970B81
 Amount of Each Receipt this Period
 43.48

C. Ms. Bernie Dochnahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Board of Trustees
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A5E3D1D7C0B2F47BB96B
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....	2586.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3337
 City Peoria State IL Zip Code 61612-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : A99D3F11F8B054A48A3E
 Amount of Each Receipt this Period **75.00**

B. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1442.40**

Date of Receipt **07 / 10 / 2014**
Transaction ID : AEA9E9A37968546E8A0F
 Amount of Each Receipt this Period **96.16**

c. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1538.56**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A15AC8178BF9E49538E9
 Amount of Each Receipt this Period **96.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : A362455ED9EEF403CBF5

Amount of Each Receipt this Period
80.00

B. Mr. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : A69F4ED565F604AC59B5

Amount of Each Receipt this Period
80.00

C. Ms. Kristin Eichhorn
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Executive Assistant
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : A5BA1A30CF4D4479793E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	410.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Andrew M. Eriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : AC78A9BC1439246A0826
 Amount of Each Receipt this Period **100.00**

B. Mr. Stephen F. Fabian
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Chief Information Offi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **611.16**

Date of Receipt **07 / 14 / 2014**
Transaction ID : A34E72161344941CE8D7
 Amount of Each Receipt this Period **83.34**

C. Mr. Michael L. Faron CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Commercial Lines Division Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 09 / 2014**
Transaction ID : A1687D1214B664BEEAA8
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **203.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Michael L. Faron CPCU

Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Commercial Lines Division Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : ADE17FF03577A49E9A41

Amount of Each Receipt this Period
20.00

B. Mr. Michael L. Faron CPCU

Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Commercial Lines Division Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : A94D8AF54F53A457B945

Amount of Each Receipt this Period
20.00

C. Mr. Michael L. Faron CPCU

Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Commercial Lines Division Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A6A51B28F59F3424D9CE

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 23 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Bernard Fechtel
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 11 / 2014
Transaction ID : AB86273C393D342CDBF2

Amount of Each Receipt this Period 800.00

B. Mr. Stephen Fine
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2014
Transaction ID : AD733D29EB6B94E3E987

Amount of Each Receipt this Period 500.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 07 / 2014
Transaction ID : A0EFEE20AD2DC4631B83

Amount of Each Receipt this Period 65.00

SUBTOTAL of Receipts This Page (optional).....▶ 1365.00

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 24 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Joe Flynn
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation AVP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : ADAC217DB1D4940CDA6E

Amount of Each Receipt this Period
38.46

B. Mr. Joe Flynn
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation AVP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A2892701ACE2D4646893

Amount of Each Receipt this Period
38.46

C. Mr. Dennis Forsythe
Full Name (Last, First, Middle Initial)

Mailing Address 5400 University Ave

City West Des Moines State IA Zip Code 50266-5950

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

Name of Employer Farm Bureau Property & Casualty Insura Occupation Business Center Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : A5565008BA77441548D6

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **326.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Daniel Frost
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 N Johnson St
 City Harvard State IL Zip Code 60033-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dunham & Chemung Mutual Insurance Comp Occupation CEO/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2014
Transaction ID : A40CA2234914B45D8A85
 Amount of Each Receipt this Period 500.00

B. Mr. Benjamin Galloway
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2014
Transaction ID : A99C3CB0D80AD494385E
 Amount of Each Receipt this Period 50.00

C. Mr. Randy Gerdes
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 10 / 2014
Transaction ID : A410B2B5EABF84412834
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional).....▶	570.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Randy Gerdes
Full Name (Last, First, Middle Initial)
Mailing Address 3030 N 3rd St
City Phoenix State AZ Zip Code 85012-3074
FEC ID number of contributing federal political committee. **C**
Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 24 / 2014
Transaction ID : AF61BA4571CAF4CFFAD0
Amount of Each Receipt this Period 20.83

B. Mr. James F. Gerrity III
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St
City Dedham State MA Zip Code 02026-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2014
Transaction ID : AAC7F915D80B0400AA56
Amount of Each Receipt this Period 500.00

C. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 07 / 2014
Transaction ID : A8F0DC17816354A5592B
Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 559.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 18 / 2014**
Transaction ID : A3BE3C73B05EF4C54802
 Amount of Each Receipt this Period **38.47**

B. Ms. Yvette Gonzales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **541.71**

Date of Receipt **07 / 10 / 2014**
Transaction ID : A693205C8309041CFB0C
 Amount of Each Receipt this Period **41.67**

C. Ms. Yvette Gonzales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **583.38**

Date of Receipt **07 / 24 / 2014**
Transaction ID : A7C36A3B3809641D5BDB
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **121.81**
TOTAL This Period (last page this line 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 28 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. John Goodin
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3544
FEC ID number of contributing federal political committee. **C**
Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President Underwriting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 277.74

Date of Receipt 07 / 14 / 2014
Transaction ID : A8B639AC5A4A9483F922
Amount of Each Receipt this Period 41.66

B. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540
City Washington State DC Zip Code 20001-2102
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1704.60

Date of Receipt 07 / 10 / 2014
Transaction ID : AD88591FCE5574D8B9CC
Amount of Each Receipt this Period 113.64

C. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540
City Washington State DC Zip Code 20001-2102
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1818.24

Date of Receipt 07 / 25 / 2014
Transaction ID : AB490DE7CD2C14EB38AD
Amount of Each Receipt this Period 113.64

SUBTOTAL of Receipts This Page (optional).....▶ 268.94
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jeffrey Greenwald		Date of Receipt MM / DD / YYYY 07 / 11 / 2014
Mailing Address PO Box 618		Transaction ID : A27F85A93FD8447918FA
City Columbia	State MO	Zip Code 65205-0618
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Columbia Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. David Grove		Date of Receipt MM / DD / YYYY 07 / 14 / 2014
Mailing Address PO Box 111		Transaction ID : A9DAA181BB1094DC8A43
City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. Mr. David Grove		Date of Receipt MM / DD / YYYY 07 / 22 / 2014
Mailing Address PO Box 111		Transaction ID : AAB89ED322DD049E7AD1
City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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 30 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Patricia Gruntzel
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 708

City Houston	State MN	Zip Code 55943-0708
FEC ID number of contributing federal political committee. C		
Name of Employer Mound Prairie Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
07 / 08 / 2014
Transaction ID : A553BA18C898C4B5EB94

Amount of Each Receipt this Period
250.00

B. Mr. William Gusenius
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
07 / 11 / 2014
Transaction ID : AAE15FF7D78FF4285B7D

Amount of Each Receipt this Period
500.00

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

City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Federal Affairs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt
07 / 10 / 2014
Transaction ID : AAEE6002DD0F42528AB

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	790.00
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 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : AF648B96219F648E38EE

Amount of Each Receipt this Period **40.00**

B. Mr. Ron D. Hallenbeck CPCU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 712

City Des Moines State IA Zip Code 50306-0712

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

Name of Employer Employers Mutual Casualty Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

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

Transaction ID : A6C8DDB0E11C34B8A925

Amount of Each Receipt this Period **500.00**

C. Ms. Alice Hamm
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

Transaction ID : AB76FFAE45E8B455FAFC

Amount of Each Receipt this Period **30.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 09 / 2014
Transaction ID : A3CC2EE02CF30441CA6E
 Amount of Each Receipt this Period 45.00

B. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 11 / 2014
Transaction ID : A5FEA90A634A64A1CB2D
 Amount of Each Receipt this Period 45.00

c. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 07 / 18 / 2014
Transaction ID : A90267A0DAF654176AAD
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional).....▶ 135.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 25 / 2014
Transaction ID : AFD9C15713E7B4320BFE
 Amount of Each Receipt this Period 45.00

B. Ms. Theresa Jakubick
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2014
Transaction ID : A57E96BFF880D4CF6A78
 Amount of Each Receipt this Period 20.00

C. Ms. Theresa Jakubick
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 22 / 2014
Transaction ID : A6F996B530996428FAF8
 Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Amy R. Johnson PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 197
 City State Zip Code
 Finley ND 58230-0197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Steele Traill County Mutual Insurance Manager/Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 444.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : AAF4FCC8884543BB8E8
 Amount of Each Receipt this Period
 111.11

B. Mr. Rick Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company Executive Vice President, COO & Presid
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : AD344DB9BB7814EF6BB5
 Amount of Each Receipt this Period
 42.00

C. Mr. Rick Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company Executive Vice President, COO & Presid
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : AFC0AF46BC7A146A6997
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	195.11
TOTAL This Period (last page this line 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 35 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : A34C72AEB7A154AF896A

Amount of Each Receipt this Period

31.25

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **681.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : A01AF8DB401614A14A02

Amount of Each Receipt this Period

45.46

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : AB93D66C3ED1A4542915

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional).....▶	122.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Pamela J. Keeney
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Underwriting & Ins Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 07 / 10 / 2014
Transaction ID : A315ACD3C262A4B13B75
 Amount of Each Receipt this Period 15.00

B. Ms. Pamela J. Keeney
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Underwriting & Ins Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 07 / 25 / 2014
Transaction ID : A0FAE8DEE51E44A728C2
 Amount of Each Receipt this Period 15.00

C. Mr. Frank P. Kellner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.52

Date of Receipt 07 / 14 / 2014
Transaction ID : ACA1EE040AEE14F61A63
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.66
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Director, Commercial Lines Underwritin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

Date of Receipt
07 / 07 / 2014
Transaction ID : AA6E4EAC61ADC4FA7988
Amount of Each Receipt this Period
39.00

B. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Director, Commercial Lines Underwritin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Date of Receipt
07 / 18 / 2014
Transaction ID : A25DEF35F0C314551A61
Amount of Each Receipt this Period
39.00

C. Ms. Sherry Kidwell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer United Ohio Insurance Company	Occupation Manager of Application	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
07 / 22 / 2014
Transaction ID : AD2BE7A8D89904EC3AF5
Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	98.00
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 38 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Drew A. Klasing
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Manager, Home Office Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A46C032E3E2004CC7A70
 Amount of Each Receipt this Period
 45.00

B. Mr. Kraig T. Klopfenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Sales/Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A76C0286710DA4928816
 Amount of Each Receipt this Period
 75.00

C. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Frankenmuth Mutual Insurance Company Vice President, Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 532.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : AB5DB92DB364B45938FC
 Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional).....▶	158.00
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 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A8114507598BA432BAA9
 Amount of Each Receipt this Period
 38.00

B. Mr. Steve J. Knutson ARe, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 308
 City Esko State MN Zip Code 55733-0308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAM Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : A91448616944640FC9EE
 Amount of Each Receipt this Period
 250.00

C. Mr. Leroy Kohlmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City Houston State MN Zip Code 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mound Prairie Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : ABDC2B12F854F40BE9FF
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Theresa Lewis
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6927

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : A476C86B2664C40E69C5

Amount of Each Receipt this Period

41.66

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A196AF42251F442989F6

Amount of Each Receipt this Period

200.00

C. Mr. Tim Lynch
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : A51073F0BAEF8411EA35

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	283.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Scott Mackey
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2014
Transaction ID : A322DB3D4FA90482FA89

Amount of Each Receipt this Period 250.00

B. Ms. Teresa Maledy
Full Name (Last, First, Middle Initial)

Mailing Address c/o Commerce Bank PO Box 1677

City Columbia State MO Zip Code 65205

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

Name of Employer Columbia Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2014
Transaction ID : A3E2DB9DDFC384599BA7

Amount of Each Receipt this Period 500.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 07 / 2014
Transaction ID : AB4E1AFC074694B18B1F

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 42 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Phil McCain		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="538.58"/>	
		Transaction ID : A2D3D5C548D2F4D2390B
		Amount of Each Receipt this Period
		<input type="text" value="38.47"/>

Full Name (Last, First, Middle Initial) B. Mr. Phil McCain		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="577.05"/>	
		Transaction ID : A4E61DBCD5319429F99C
		Amount of Each Receipt this Period
		<input type="text" value="38.47"/>

Full Name (Last, First, Middle Initial) C. Ms. Sherry L. McKenzie AAM, AIS		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Auto-Owners Insurance Company	Assistant Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	
		Transaction ID : A54784C0E58AF49BA8ED
		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="151.94"/>
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 43 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 539.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : AEF6153E5633D4588A7E
 Amount of Each Receipt this Period
 38.50

B. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : AC055DB82AC4B45C1A51
 Amount of Each Receipt this Period
 38.50

C. Ms. Carol McMullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : AF616C23A400643F8827
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 577.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Scott A. Michael
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation AVP - Personal Lines Auto

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 07 / 2014
Transaction ID : A82DE6B47EEEB4282B54

Amount of Each Receipt this Period 40.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 10 / 2014
Transaction ID : A5DDA9212732940ACB06

Amount of Each Receipt this Period 40.00

C. Mr. David Middleton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 25 / 2014
Transaction ID : A56CFCE9CEFE74E9292C

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 45 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City State Zip Code
 Bucyrus OH 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Mutual Insurance Company Assistant Vice President-Quality Servi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : A1BA4D07477144A548D8
 Amount of Each Receipt this Period
 45.00

B. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City State Zip Code
 Bucyrus OH 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Mutual Insurance Company Assistant Vice President-Quality Servi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : AF5DD53FF7E3847C7BFF
 Amount of Each Receipt this Period
 45.00

C. Ms. Carolyn B. Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Senior Vice President - Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A7BE55F5A17C94F5982E
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Eric Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : AD14BB2C557B645AE8A0

Amount of Each Receipt this Period
250.00

B. Mr. Glenn E. Niinimaki
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : A5CDA3E3BA92A47D0842

Amount of Each Receipt this Period
1000.00

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

Mailing Address 200 N Main St

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

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

Name of Employer Harford Mutual Insurance Company	Occupation Senior Vice President
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
727.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : AB91FC8E00CB546A5A94

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 47 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3544

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

Name of Employer Occupation
Harford Mutual Insurance Company Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
811.16

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : A4764D30D4DC449379B3

Amount of Each Receipt this Period
83.34

B. Mr. Robert O'Reilly
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City State Zip Code
Columbia MO 65205-0618

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

Name of Employer Occupation
Columbia Mutual Insurance Company VP/Branch Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A1A7A5A9918274C99A08

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President, Financial Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : A9BB4F2A371694AD3B6E

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	383.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Mike Pike

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 Human Resources Professional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : A032D9E3EFA564F7AA96

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Mr. Barry Preslaski

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : A3FCA189DAD384652999

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Mr. Lee Rademacher

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : AE5F0635660F342E8BBF

Amount of Each Receipt this Period
30.00

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 50 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jonathan R. Riekse
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **581.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : A90EF654636774FB4804
 Amount of Each Receipt this Period **83.00**

B. Mr. Jeff Rink
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Director of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **277.74**

Date of Receipt **07 / 14 / 2014**
Transaction ID : A1CCB94AE51E3470BA2C
 Amount of Each Receipt this Period **41.66**

C. Mr. Michael T. Rivard
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : AEDF70A1EFD94498FAD8
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **624.66**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Ronald Scheck
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 708

City Houston State MN Zip Code 55943-0708

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

Name of Employer Mound Prairie Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2014
Transaction ID : A2CBD14DE962D45638EE

Amount of Each Receipt this Period 250.00

B. Ms. Linda M. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 500 South US Highway 77-A

City Yoakum State TX Zip Code 77995-1318

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

Name of Employer Hochheim Prairie Farm Mutual Insurance Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2014
Transaction ID : ADC311D51B53540E8B1D

Amount of Each Receipt this Period 500.00

C. Mr. Kenneth Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 07 / 2014
Transaction ID : A061DDB491C414C459A5

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 795.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. James C. Schumacher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Director - Agency Systems
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A351F1B83BA9C4339C9
 Amount of Each Receipt this Period
 42.00

B. Ms. Judy Schumacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company Assistant Vice President, Administrati
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : AC04E5C1843F64C239B3
 Amount of Each Receipt this Period
 20.83

C. Ms. Judy Schumacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company Assistant Vice President, Administrati
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : A014B1BB8C10D4817B92
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional).....	83.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Betty Schuster
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2014
Transaction ID : A432F859860754E0F805

Amount of Each Receipt this Period 500.00

B. Ms. Phyllis Senseman LUTCF
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 10 / 2014
Transaction ID : AA12E29D513794AE4805

Amount of Each Receipt this Period 20.83

c. Ms. Phyllis Senseman LUTCF
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 24 / 2014
Transaction ID : AC85DECC6AC664815A37

Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kent B. Shantz
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : AEE144AD494144CC9B91

Amount of Each Receipt this Period
77.00

B. Mr. Kent B. Shantz
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **622.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A91589E984383490F81C

Amount of Each Receipt this Period
77.00

C. Mr. William D. Sheldon
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation General Counsel and Chief Compliance O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : A9D21EA389E3A4C69907

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional).....▶	174.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. William D. Sheldon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014 Transaction ID : A18B43F63D70F46B9B28
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 20.83
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation General Counsel and Chief Compliance O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

Full Name (Last, First, Middle Initial) B. Mr. Christopher G. Shipe CPCU, AIT		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014 Transaction ID : AAA76FE94F6774FEEABC
Mailing Address PO Box 58		Amount of Each Receipt this Period 100.00
City Waterford	State VA	Zip Code 20197-0058
FEC ID number of contributing federal political committee. C		
Name of Employer Loudoun Mutual Insurance Company	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Donald A. Smith Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014 Transaction ID : A9FE00804D59842C4829
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 105.00
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1365.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 07 / 24 / 2014
Transaction ID : A0EC1F464178B41D4A36
 Amount of Each Receipt this Period 105.00

B. Mr. Geoffrey Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2014
Transaction ID : A9026E2518084463ABA2
 Amount of Each Receipt this Period 250.00

C. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 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 President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 07 / 08 / 2014
Transaction ID : ABFF65B1C318243AEA29
 Amount of Each Receipt this Period 190.00

SUBTOTAL of Receipts This Page (optional).....▶	545.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **681.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : A107D4A0487B04C0386B

Amount of Each Receipt this Period

45.46

B. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **691.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : A33CF4BCBADFA4558999

Amount of Each Receipt this Period

10.00

C. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **737.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A534101519F0B45C7B1A

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional).....▶	100.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Steven C. Speicher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Regional Vice President - Forest Regio
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A70921DE028E446C4B8A
 Amount of Each Receipt this Period
 50.00

B. Mr. John R. Spielberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 611.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : AA92B149F6C484E66914
 Amount of Each Receipt this Period
 83.34

C. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Vice President - Member Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : A799F2E104AA04027A7B
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	153.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Ms. Kristen Spriggs			Date of Receipt
Mailing Address PO Box 68700			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : AFF406ED0900744D3A42
Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
National Association of Mutual Insuran	Vice President - Member Development		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Robert G. Street AIM			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A69C5E4488A094661BD2
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	NE Casualty Claims Division Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Robert G. Street AIM			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A9BC28D94F312445EA90
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	NE Casualty Claims Division Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Mr. Robert G. Street AIM
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer: Norfolk & Dedham Mutual Fire Insurance
Occupation: NE Casualty Claims Division Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 18 / 2014
Transaction ID : AAF5B78BF9B6A45EE80D

Amount of Each Receipt this Period: 20.00

B. Mr. Robert G. Street AIM
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer: Norfolk & Dedham Mutual Fire Insurance
Occupation: NE Casualty Claims Division Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 25 / 2014
Transaction ID : A6783B0559A61432499D

Amount of Each Receipt this Period: 20.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer: NAMIC Insurance Company, Inc.
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.25

Date of Receipt: 07 / 10 / 2014
Transaction ID : AEB120618971347A09DF

Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional).....▶ 136.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 07 / 25 / 2014
Transaction ID : A31B49278AA404AD887D
 Amount of Each Receipt this Period 96.15

B. Mr. Terry Suttner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.63

Date of Receipt 07 / 10 / 2014
Transaction ID : A50B9DB9D60A244DD854
 Amount of Each Receipt this Period 40.00

C. Mr. Terry Suttner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 652.63

Date of Receipt 07 / 25 / 2014
Transaction ID : A5C81D79954AF44AEA3C
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.15
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Christopher P. Taft CPA, CIC		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2014 Transaction ID : A9CB8EE3DB2B643A5827
Mailing Address 1 Preferred Way		Amount of Each Receipt this Period 2500.00
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 President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey Tagsold		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2014 Transaction ID : A238FB205ABD44F84807
Mailing Address PO Box 30660		Amount of Each Receipt this Period 100.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Mr. Paul Tetrault		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2014 Transaction ID : A5EE7ACC94C0849EDA43
Mailing Address PO Box 68700		Amount of Each Receipt this Period 20.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation State & Policy Affairs Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	2620.00
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 63 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Paul Tetrault
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation State & Policy Affairs Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Date of Receipt
07 / 25 / 2014
Transaction ID : AD7C4E65880C144C28F1

Amount of Each Receipt this Period
200.00

B. Mr. Daniel J. Thelen
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President of Human Resourc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
07 / 07 / 2014
Transaction ID : A91636E01A50443AD8A4

Amount of Each Receipt this Period
50.00

C. Mr. Joe Thesing
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
07 / 10 / 2014
Transaction ID : A3638AD0B5CE7443FA3A

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Joe Thesing
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A8298140005CC46A0ADE

Amount of Each Receipt this Period **400.00**

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **07 / 10 / 2014**

Transaction ID : AFDE20F643E7F4799B3D

Amount of Each Receipt this Period **200.00**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

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

Transaction ID : A157B1D1A1C4B4EB4872

Amount of Each Receipt this Period **39.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Randall Trinklein
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : ACFC1E19422F8445F8CF
 Amount of Each Receipt this Period **39.00**

B. Mrs. Ellen S. Truant
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Vice President-Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **305.52**

Date of Receipt **07 / 14 / 2014**
Transaction ID : A5B90F041009D4D0589D
 Amount of Each Receipt this Period **41.66**

C. Mr. Dwight Tully
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2180
 City Salina State KS Zip Code 67402-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 11 / 2014**
Transaction ID : A9D275CE68E404B029DB
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **330.66**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 07 / 2014
Transaction ID : AFFD8E36F216F47D1B73
 Amount of Each Receipt this Period 50.00

B. Mr. Ian R. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Investments and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 07 / 2014
Transaction ID : A6BB918275F174E9496C
 Amount of Each Receipt this Period 50.00

C. Mr. Mark Wenger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President and Chief P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 07 / 2014
Transaction ID : AAC34425E2A5C4C699DC
 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. James D. Whamond
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Long Ridge Rd
 City Stamford State CT Zip Code 06902-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Reinsurance Corporation Occupation Marketing Manager - Treaty South and W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : A4A43C02DCECF43A89D4
 Amount of Each Receipt this Period
 1000.00

B. Mr. Wayne F. White CPA, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 860
 City Bryant State AR Zip Code 72089-0860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Union Mutual Insurance Company Occupation Vice President, Secretary/Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : A50FB1E0FC64645AD8EA
 Amount of Each Receipt this Period
 1250.00

C. Mr. Scott S. Wilder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : A3811F10C038547E5BA3
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	2550.00
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 68 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Noel A. Williams			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014 Transaction ID : A7C64017BBDD74295B5C
Mailing Address 3030 N 3rd St			Amount of Each Receipt this Period 20.83
City Phoenix	State AZ	Zip Code 85012-3074	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.79
Name of Employer CopperPoint Mutual Insurance Company		Occupation Vice President of Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Noel A. Williams			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014 Transaction ID : A91579A238D314B0D83B
Mailing Address 3030 N 3rd St			Amount of Each Receipt this Period 20.83
City Phoenix	State AZ	Zip Code 85012-3074	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 291.62
Name of Employer CopperPoint Mutual Insurance Company		Occupation Vice President of Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Daniel Witt			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014 Transaction ID : A988419A336994999884
Mailing Address 3030 N 3rd St			Amount of Each Receipt this Period 15.00
City Phoenix	State AZ	Zip Code 85012-3074	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 210.00
Name of Employer CopperPoint Mutual Insurance Company		Occupation Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	56.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 89
(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)
Mr. Ronald K. Zoeller

Mailing Address 250 Main St

City Buffalo State NY Zip Code 14202-4188

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

Name of Employer Merchants Mutual Insurance Company Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : AFC02B1694B58458B850

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	31786.76

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

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

FOR LINE NUMBER: PAGE 71 OF 89
(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)
Cuna Mutual Holding Company Political Action Committee (CUNA MUTUAL PAC)

Mailing Address 5910 Mineral Point Rd, PO Box 747
Mail Stop 5910 4 A2

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00402107

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : AA30BAA5EB8954AFA811

Amount of Each Receipt this Period
500.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER: PAGE 72 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1860.04

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014
Transaction ID : A223748C3E99C428C8F9
 Amount of Each Receipt this Period
 193.20
 Reimb. of bank fees

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	193.20
TOTAL This Period (last page this line number only).....▶	193.20

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 89
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Indianapolis	State IN	Zip Code 46268-3141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A7FA5DAE6A5AD48D8BB
Name of Employer		Amount of Each Receipt this Period <input type="text" value="5.14"/>
Occupation		Bank Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="37.38"/>	

Full Name (Last, First, Middle Initial) B. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Indianapolis	State IN	Zip Code 46268-3141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A7B1AD48022154A298F7
Name of Employer		Amount of Each Receipt this Period <input type="text" value="0.07"/>
Occupation		Bank Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="37.38"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer		Bank Interest
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5.21"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5.21"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : **BD70D3971E7EC44C8906**

Amount of Each Disbursement this Period

33.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : **B96AE177B3E7F49CCAD6**

Amount of Each Disbursement this Period

56.88

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : **B846AF3ED4A6E40FFAA0**

Amount of Each Disbursement this Period

7.95

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

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

98.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B5E594086FDA74CEF914

Amount of Each Disbursement this Period

26.25

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : B60FADDC614994E82B93

Amount of Each Disbursement this Period

13.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : B3EB2BC20F7E540C094F

Amount of Each Disbursement this Period

89.50

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

128.75

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

227.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Austin Scott

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : B157409D98BA54C2E939

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101-3705

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : BFEB2021589FC4620B3F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Capuano for Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Rep. Michael E. Capuano

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : BF4242FACD71B44D1BEA

Amount of Each Disbursement this Period

-2500.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Cmr Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BADD509D5E68940A3AE9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B7B1524A2030F4507AB4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COTTON FOR SENATE

Mailing Address PO BOX 379

City Dardanelle State AR Zip Code 72834-0379

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Tom Cotton

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: AR District: 04

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : B2C16F577B7694E5DA58

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. COUNTRY FIRST PAC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Other2014**

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BD5C13205E8144E10A5B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 7235 BONNEVAL ROAD SUITE 210

City Jacksonville State FL Zip Code 32256-7506

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ander M. Crenshaw

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : BA2B77C4AA0AB4498889

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Duffy for Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Sean P. Duffy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : B96DA98EDF5EF45719C4

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Patrick E. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : BBF9AD744DCB44EBEA2C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Patrick E. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : BC6C9FE0E3C1243358F9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : B297B74B0BB374256B04

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. HOOSIERS FIRST PAC

Mailing Address PO BOX 772

City Indianapolis State IN Zip Code 46206-0772

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B32A61C51B33F4BE2B2F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Huizenga for Congress

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement Political Contribution

Candidate Name

Rep. Bill P. Huizenga

Office Sought: House Senate President

State: MI District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : B6134EB07D3694267992

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement Political Contribution

Candidate Name

Rep. Jim D. Jordan

Office Sought: House Senate President

State: OH District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B954DD61252D14B9AA89

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. JOBS AND INNOVATION MATTER PAC (JIM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Mailing Address PO BOX 15320

Transaction ID : B0F1828E28D504C7B91D

City Washington State DC Zip Code 20003-0320

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Mailing Address PO BOX 25879

Transaction ID : BD5460593915446EB962

City TEMPE State AZ Zip Code 85285

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House Senate President
State: AZ District: 09

Disbursement For: 2014
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Mailing Address PO BOX 479

Transaction ID : B3C624BF5127849EA857

City GLASTONBURY State CT Zip Code 06033

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Rep. John B. Larson

Office Sought: House Senate President
State: CT District: 01

Disbursement For: 2014
 Primary General
 Other (specify)

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City State Zip Code
SHELBYVILLE IN 46176

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Rep. Luke Messer

Office Sought: House
 Senate
 President
State: IN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : **BF8FAECA2B8C3439CB5B**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : **B1D8F2553A0D144B7A49**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City State Zip Code
ANNISTON AL 36201

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Rep. Mike D. Rogers

Office Sought: House
 Senate
 President
State: AL District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2014

Transaction ID : **B3ED85B051B7046E28D8**

Amount of Each Disbursement this Period

-2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Political Contribution

Candidate Name

John Moolenaar

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : BC73E4B95C1ED4DF2A58

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement

Candidate Name

Alexander Xavier Mooney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : BB6572A2C0E794A0B99F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Gwen S. Moore

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : B3E72AD366A1E497E982

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Patrick L. Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : B52C932B606414FA49A5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scalise for Congress

Mailing Address PO Box 23219

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve Scalise

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : B63F6CDE649BE41408C1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VIEW PAC

Mailing Address 701 8TH STREET, NW
SUITE 500

City State Zip Code
Washington DC 20001-3965

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : BF4FDD1787F514371A22

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

49000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Bruce Starr for State Senate Committee

Mailing Address 22115 NW Imbrie Drive, #290

City Hillsboro State OR Zip Code 97124-6988

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B9C291CFCAE7F44D6B9D

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Chris Turner Campaign

Mailing Address P.O. Box 182093

City Arlington State TX Zip Code 76096-2093

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BE21EEAB0E4604CA8B8B

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens for Dave Dotterer

Mailing Address P.O. Box 3218

City Ashland State OR Zip Code 97520-0308

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BC9C86BEB72AF4F1195C

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens to Elect Carl Wilson

Mailing Address 560-A Northeast 'F' Street #442

City Grants Pass State OR Zip Code 97526-2300

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BA75837EEEE9A4780910

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Close Friends PAC

Mailing Address P.O. Box 827

City Albany State OR Zip Code 97321-0296

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B05CC4CC9C2F2480D8B8

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mike McLane

Mailing Address PO Box 13

City Powell Butte State OR Zip Code 97753-0013

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B33D5D8949A10431D82E

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

3000.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dan Mason

Mailing Address 2373 NW 185th Ave #256

City Hillsboro State OR Zip Code 97124-7076

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B5779665A960F474DBF7

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Laurie Monnes Anderson

Mailing Address 350 NW Wallula Ave

City Gresham State OR Zip Code 97030-5411

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BCBBBA68778B14029B78

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Mark Johnson

Mailing Address 212 2nd Street

City Hood River State OR Zip Code 97031-2004

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B26F36AC1C6B04AECAA2

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mark Richman

Mailing Address PO Box 3575

City Hillsboro State OR Zip Code 97123-1945

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BD50B812655FC4D85B83

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Ted Ferrioli

Mailing Address 111 Skyline Dr

City John Day State OR Zip Code 97845-1038

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : BDE781F5E17604F9DB5A

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Kenneth F. Sheets for State Representative

Mailing Address PMB #869 6333 E. Mockingbird Lane
Suite 147

City Dallas State TX Zip Code 75214-2672

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : B796BFAB6EF3E4211B98

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

3000.00

