

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 25 2008 through 12 31 2008

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

Signature of Treasurer Electronically Filed by Gregg Dykstra Date 01 13 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		172208.42
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	26614.02									
(c) Total Receipts (from Line 19)	4807.91	206996.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31421.93	379204.56								
7. Total Disbursements (from Line 31)	390.35	348172.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31031.58	31031.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3245.58	128514.65
(i) Itemized (use Schedule A)	1554.50	42466.43
(ii) Unitemized	4800.08	170981.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	36000.00
(c) Other Political Committees (such as PACs)	4800.08	206981.08
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.83	15.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4807.91	206996.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4807.91	206996.14

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	390.35	5347.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	390.35	5347.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	338000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1250.00
29. Other Disbursements.....	0.00	3575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	390.35	348172.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	390.35	348172.98

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4800.08	206981.08
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4800.08	205731.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	390.35	5347.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	390.35	5347.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 28
	(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

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) Neil Alldredge		Date of Receipt
	Mailing Address Box 68700		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: 8d00dd1502ac9a44d7c
		Amount of Each Receipt this Period	<input type="text" value="75.00"/>
Name of Employer National Association of Mutual Insuran		Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt
	Mailing Address Box 68700		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: 67ac049632e293316dd
		Amount of Each Receipt this Period	<input type="text" value="75.00"/>
Name of Employer National Association of Mutual Insuran		Occupation Vice President of State and Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		Transaction ID: d8bcc4e5d22f61b03c3
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="520.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="170.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee. C		Transaction ID: 1bf06e761e0b0cdd87f
Name of Employer National Association of Mutual Insuran		Occupation Senior VP - Member Services & Communic	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/>

B.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: 1533126c5542a156799
Name of Employer Frankenmuth Mutual Insura- nce Company		Occupation President & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2884.75	<input type="text"/>

C.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee. C		Transaction ID: a292db763c783318817
Name of Employer Frankenmuth Mutual Insura- nce Company		Occupation President & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2884.75	<input type="text"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	250.78
TOTAL This Period (last page this line number only)	<input type="text"/>	

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

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

FOR LINE NUMBER: PAGE 8 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 Regulatory Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 11 / 2008
Transaction ID: 396d86ee3c5f1598369
Amount of Each Receipt this Period 12.50

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

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 Regulatory Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 19 / 2008
Transaction ID: 0c57ecbf4a03f11dee7
Amount of Each Receipt this Period 12.50

C. Full Name (Last, First, Middle Initial)
Charles M. Chamness

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2295.00

Date of Receipt 12 / 11 / 2008
Transaction ID: cea09e4992e064f1d2d
Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Charles M. Chamness

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2295.00

Date of Receipt 12 / 19 / 2008

Transaction ID: eae45130f92d3c649b0

Amount of Each Receipt this Period 90.00

B.

Full Name (Last, First, Middle Initial)
Robert Detlefsen

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 ▼ 945.00

Date of Receipt 12 / 11 / 2008

Transaction ID: de5ee90ac0527a20296

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Robert Detlefsen

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 ▼ 945.00

Date of Receipt 12 / 19 / 2008

Transaction ID: 8edb1a8923e3df49013

Amount of Each Receipt this Period 20.00

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: PAGE 10 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gregg A. Dykstra

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 11 / 2008

Transaction ID: c050e87fc0809018573

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Gregg A. Dykstra

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 19 / 2008

Transaction ID: fbb856b1887642c64f9

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48734

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

Name of Employer Frankenmuth Mutual Insura- nce Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 973.38

Date of Receipt 12 / 01 / 2008

Transaction ID: a4e3fbe87ce06d89bbd

Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional) ► 79.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 28
	(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.	Full Name (Last, First, Middle Initial) Fred A. Edmond		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President	Transaction ID: 9625290c4fea8905bdd
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="973.38"/>	<input type="text" value="39.00"/>

B.	Full Name (Last, First, Middle Initial) Gloria Gibbon		Date of Receipt
	Mailing Address One Preferred Way		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New Berlin	NY	13411-1800
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Preferred Mutual Insurance Company		Occupation Internal Audit Manager	Transaction ID: fde8fc32ed7d89c9269
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Nancy Grover		Date of Receipt
	Mailing Address 2610 S Arlington Mill Dr		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Arlington	VA	22206-3389
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Media Relations Director	Transaction ID: 35f0bd8afb9c8445b6d
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="299.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Nancy Grover

Mailing Address 2610 S Arlington Mill Dr

City State Zip Code
Arlington VA 22206-3389

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

Name of Employer: National Association of Mutual Insuran
Occupation: Media Relations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2008

Transaction ID: ecddf65c352eeee51d8

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insura-
nce Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: 3bee27c2c051a8cfc3

Amount of Each Receipt this Period
76.93

C.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insura-
nce Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt
MM / DD / YYYY
12 / 15 / 2008

Transaction ID: 108124976b16d289ff7

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional) ► **163.86**

TOTAL This Period (last page this line 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 / 28
(check only one)

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

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

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

A.

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 396da5e0bd48c3738f4

Amount of Each Receipt this Period
10.00

B.

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 55ef524741afa0d70ec

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Robert L. Jeckel

Mailing Address 1536 Pulaski Street

City Lincoln State IL Zip Code 62656-3241

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

Name of Employer Frontier Mutual Insurance Company Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

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

Transaction ID: 0e66087fc36f3a032f7

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **520.00**

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 14 / 28
(check only one)

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

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 11 / 2008

Transaction ID: f3b3b4e14991afe2633

Amount of Each Receipt this Period 13.50

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 19 / 2008

Transaction ID: a12a3069ae8bc731925

Amount of Each Receipt this Period 13.50

C.

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Com-pany Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 03 / 2008

Transaction ID: 16bc43a47e7365a512d

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **47.00**

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

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Brian S. McLeod	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address One Mutual Avenue	Transaction ID: e1b720963170e61bd49
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.72	

B.	Full Name (Last, First, Middle Initial) Brian S. McLeod	Date of Receipt MM / DD / YYYY 12 / 15 / 2008
	Mailing Address One Mutual Avenue	Transaction ID: 9e0cdc989071c00718a
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.72	

C.	Full Name (Last, First, Middle Initial) Marliss McManus	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address 122 C St NW Ste 540	Transaction ID: feefafb28ee650e150f
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insurance Companies	Occupation Senior Director - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	96.94
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Marliss McManus

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 Director - Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 19 / 2008
Transaction ID: ba49323ffbcc46eb61f
Amount of Each Receipt this Period 20.00

B.

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

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 03 / 2008
Transaction ID: e801c51e10f962d4fbd
Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Gary J. Paich

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

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

Name of Employer Franklin Mutual Insurance Company Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 26 / 2008
Transaction ID: 60b35577fdd3af44708
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 122 C Street Northwest Suite 540		Transaction ID: 1e55e6183c6b70f92a6
City Washington	State Zip Code DC 20001-2102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.50
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Government Affai	Aggregate Year-to-Date ▼ 2557.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 12 / 19 / 2008
Mailing Address 122 C Street Northwest Suite 540		Transaction ID: c04064473d071dca4f4
City Washington	State Zip Code DC 20001-2102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.50
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President-Government Affai	Aggregate Year-to-Date ▼ 2557.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) David Reddick		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 3601 Vincennes Road		Transaction ID: 42abf48b475b4fc61a3
City Indianapolis	State Zip Code IN 46268-1154	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran	Occupation Associate Director of Public Policy	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	213.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Reddick	Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address 3601 Vincennes Road	Transaction ID: 330885b00c06383eb60
	City Indianapolis State IN Zip Code 46268-1154	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: Associate Director of Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Liz Reynolds	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address 3933 Victoria Lakes Drive South	Transaction ID: e3c0e30a9d37e45a56c
	City Jacksonville State FL Zip Code 32226-0710	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: State Affairs Manager/Southeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Liz Reynolds	Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address 3933 Victoria Lakes Drive South	Transaction ID: f65ff753431c38bd1fe
	City Jacksonville State FL Zip Code 32226-0710	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insuran Occupation: State Affairs Manager/Southeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jonathan R. Riekse

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2008

Transaction ID: 9bbe1988b814441e0fc

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Gerald L. Roach

Mailing Address PO Box 6927

City State Zip Code
Richmond VA 23230-0927

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

Name of Employer
Mutual Assurance Society of Virginia

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: 7e0ff5255413abf9f22

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

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

Name of Employer
National Association of Mutual Insuran

Occupation
PAC Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: 2f171d843969441748e

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stephanie Sheridan	Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: fe56717ae553472da04
	City Washington State DC Zip Code 20001-2102	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation PAC Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address PO Box 68700	Transaction ID: af4871e450b396d57f1
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address PO Box 68700	Transaction ID: 394e5305794009abf97
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - Member Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 28

(check only one)

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

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

A.

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

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2420.00

Date of Receipt

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

Transaction ID: f5e8171bef4ea956d31

Amount of Each Receipt this Period

80.00

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation
Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt

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

Transaction ID: c622d369ce49dc02315

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation
Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt

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

Transaction ID: 591f095273bc4c022aa

Amount of Each Receipt this Period

20.00

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 22 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas Supplee	Date of Receipt MM / DD / YYYY 12 / 03 / 2008
	Mailing Address One Commerce Square 2005 Market Street	Transaction ID: 42c531882d3a8fae069
	City Philadelphia State PA Zip Code 19103-7008	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation VP, Operations & Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address PO Box 68700	Transaction ID: c5a0eeffd9b37d3a123
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Northeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00	

C.	Full Name (Last, First, Middle Initial) Paul Tetrault	Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address PO Box 68700	Transaction ID: 0045e74e4126d14c9d2
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Northeast Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00	

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 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Director of State Affairs	Transaction ID: a020a36cec66a08812b
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Director of State Affairs	Transaction ID: 9ed0ed22875f5760848
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Bruce D. Thomas		Date of Receipt
	Mailing Address 409 Kenyon Rd		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fort Dodge	IA	50501-5718
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Heartland Mutual Insurance Association		Occupation President/CEO	Transaction ID: 95a2d0c1d682778bf6c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1790.00"/>	<input type="text" value="160.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President of Administration	Transaction ID: 461cef411b083eb3db9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="975.00"/>	<input type="text" value="39.00"/>

B.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt
	Mailing Address One Mutual Avenue		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frankenmuth	MI	48734
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President of Administration	Transaction ID: 366be7efc6332a431f8
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="975.00"/>	<input type="text" value="39.00"/>

C.	Full Name (Last, First, Middle Initial) Michael Ulmer		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insurance		Occupation Vice President-Information Technology	Transaction ID: 9f045d097766d207a32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="88.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 28
(check only one)

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President-Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 19 / 2008

Transaction ID: ce77aeb6939c7f7972b

Amount of Each Receipt this Period 10.00

B.

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 03 / 2008

Transaction ID: a42b6b8ba32a6e2b070

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
James W. Wilds

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48734

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

Name of Employer Frankenmuth Mutual Insura-ance Company Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 01 / 2008

Transaction ID: 484c27d5eb61c905dca

Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional) ► 74.00

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 26 / 28

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
James W. Wilds

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48734

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	8

Transaction ID: 6850db0160ac07b27ce

Amount of Each Receipt this Period

39.00

B.

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

Mailing Address 1047 W Hamilton St

City State Zip Code
Allentown PA 18101-1012

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

Name of Employer Occupation
Mutual Insurance Company of Lehigh Cou President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 2656eeb5d124b7319d8

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)

104.00

TOTAL This Period (last page this line number only)

3245.58

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 28

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

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

A.	Full Name (Last, First, Middle Initial) National City	Transaction ID: b476db33f89e6f81abd
	Mailing Address 1417 W 86th St	Date of Disbursement 11 / 30 / 2008
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period 294.00
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) National City	Transaction ID: 802dc5d27a3b53022bd
	Mailing Address 1417 W 86th St	Date of Disbursement 12 / 31 / 2008
	City Indianapolis State IN Zip Code 46260	Amount of Each Disbursement this Period 96.35
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

390.35

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

390.35

Image# 29930050440

Form/Schedule: **F3X**

Transaction ID:
