



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

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 .....	172208.42									
(c) Total Receipts (from Line 19) .....	60880.61	60880.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	233089.03	233089.03								
7. Total Disbursements (from Line 31) .....	51786.69	51786.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	181302.34	181302.34								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
NAMIC PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

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	32736.14	32736.14
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	11644.47	11644.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	44380.61	44380.61
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	16500.00	16500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	60880.61	60880.61
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.) .....	0.00	0.00
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)) .....	60880.61	60880.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60880.61	60880.61

**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.....	211.69	211.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	211.69	211.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	51500.00
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	0.00
(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	0.00
29. Other Disbursements.....	75.00	75.00
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))..	51786.69	51786.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51786.69	51786.69

**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 .....	60880.61	60880.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60880.61	60880.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	211.69	211.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	211.69	211.69

# SCHEDULE A (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 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David L. Anderson	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address PO Box 276	<b>Transaction ID:</b> 54d90ed158b6d27c014
	City State Zip Code Canton SD 57013-0276	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Farm Mutual Insurance Company of Linco Occupation: Secretary/Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Anderson	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address PO Box 276	<b>Transaction ID:</b> 8ab0c4e8f83d67e7f73
	City State Zip Code Canton SD 57013-0276	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Farm Mutual Insurance Company of Linco Occupation: Secretary/Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James P. Ayers	Date of Receipt MM / DD / YYYY 01 / 04 / 2008
	Mailing Address PO Box 400	<b>Transaction ID:</b> 5b95c2e17c6dd57d2a9
	City State Zip Code Branchville NJ 07826-0400	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Franklin Mutual Insurance Company Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 49  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Anna M. Baiocchi		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address One Commerce Square 2005 Market Street		Transaction ID: 2b7da93b3cf548f98a9
City Philadelphia	State PA Zip Code 19103-7008	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Assistant Vice President - Collections	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Robert W. Bedell		Date of Receipt MM / DD / YYYY 02 / 27 / 2008
Mailing Address PO Box 9346		Transaction ID: e8e8ee07d1c812f8626
City Columbia	State SC Zip Code 29290-0346	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Southern Mutual Church In- surance Compa	Occupation President/CEO	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 01 / 28 / 2008
Mailing Address One Mutual Avenue		Transaction ID: 6795b1b02d259c703bb
City Frankenmuth	State MI Zip Code 48734	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.39
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation President & COO	Aggregate Year-to-Date ▼ 692.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>865.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 800e5a8b5325dce5fd2
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> d5c06bde1f4ac592c8c
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 6f60804efbce8303de8
	City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	346.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 49  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 03 / 24 / 2008
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> e0b59cd5bcadf4e27f1
City Frankenmuth	State Zip Code MI 48734	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.39
Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date ▼ 692.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Charles Billingsly		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address PO Box 452		<b>Transaction ID:</b> 70a2bb44f6001d9d5a7
City Franklin	State Zip Code IN 46131-0452	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Farmers Mutual Insurance Company of Jo	Occupation Vice President	Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
Mailing Address 471 East Broad Street		<b>Transaction ID:</b> 35ae0e92c14de219639
City Columbus	State Zip Code OH 43215-3842	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Motorists Mutual Insurance Company	Occupation Chairman, President & CEO	Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2965.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 49  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patrick Bradley

Mailing Address PO Box 7008

City Macon State GA Zip Code 31209-7008

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

Name of Employer Georgia Farm Bureau Mutual Insurance C Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2008

Transaction ID: d8dd7685a325585401a

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul F. Brinker

Mailing Address 21250 Caris Road

City Bowling Green State OH Zip Code 43402-8290

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

Name of Employer Lime City Mutual Insurance Association Occupation Secretary/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2008

Transaction ID: 9a2aeb472ca8f3a432f

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address PO Box 819

City Appleton State WI Zip Code 54912-0819

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

Name of Employer SECURA Insurance, A Mutual Company Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 04 / 2008

Transaction ID: cb44a4d240366985129

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 / 49  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas E. Callanan

Mailing Address PO Box 571918

City State Zip Code  
Salt Lake City UT 84157-1918

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

Name of Employer  
Advantage Workers' Compensation Insura

Occupation  
President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2008

Transaction ID: da4ebb36835179beae1

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Leon M. Cangiano

Mailing Address 222 Ames Street

City State Zip Code  
Dedham MA 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  
MM / DD / YYYY  
01 / 04 / 2008

Transaction ID: cda0251f0018d422c5a

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Carson

Mailing Address PO Box 452

City State Zip Code  
Franklin IN 46131-0452

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

Name of Employer  
Farmers Mutual Insurance Company of Jo

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2008

Transaction ID: 4063a0bd0867d602194

Amount of Each Receipt this Period  
325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1075.00**

**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 12 / 49  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Peter M. Cazzolla

Mailing Address PO Box 3110

City Monterey State CA Zip Code 93942-3110

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

Name of Employer California Capital Insurance Company  
Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2008  
Transaction ID: 4c2ea0e926d92dafa3b  
Amount of Each Receipt this Period 250.00

**B.**

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 ▼ 585.00

Date of Receipt 01 / 31 / 2008  
Transaction ID: 10f5d6198834045ea3f  
Amount of Each Receipt this Period 75.00

**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 ▼ 585.00

Date of Receipt 02 / 15 / 2008  
Transaction ID: 11b16d2aea83ae860a2  
Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **415.00**

**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 / 49  
(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)  
NAMIC 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 ▼ 585.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 2ef6c9ed4d8b304e460

Amount of Each Receipt this Period 90.00

**B.**

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 ▼ 585.00

Date of Receipt 03 / 14 / 2008

Transaction ID: a5f4393c4d98141730e

Amount of Each Receipt this Period 90.00

**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 ▼ 585.00

Date of Receipt 03 / 28 / 2008

Transaction ID: f6c10fa5e6f4cc76f3e

Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Darwin G. Copeman	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address 214 East McElwain Drive	<b>Transaction ID:</b> 7eaa8ddaa9609c68721
	City State Zip Code Cameron MO 64429-1350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cameron 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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Davis	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 1510 North Elms Road	<b>Transaction ID:</b> 800bf81c296d2844b32
	City State Zip Code Flint MI 48532-2033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pioneer State Mutual Insurance Company	Occupation Vice President Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Dierks	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address PO Box 59	<b>Transaction ID:</b> 2904d66ed1025cc7614
	City State Zip Code Traer IA 50675-0059	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Farmers Mutual Insurance Association	Occupation Secretary/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 49
	<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)  
NAMIC PAC

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

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 Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 232.38

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2008

**Transaction ID:** 6487ac719fde3e1811a

Amount of Each Receipt this Period  
39.00

**B.** Full Name (Last, First, Middle Initial)  
Pam Emmendorfer

Mailing Address 1510 North Elms Road

City State Zip Code  
Flint MI 48532-2033

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

Name of Employer Occupation  
Pioneer State Mutual Insurance Company Vice President of Human Resources

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 13 / 2008

**Transaction ID:** 61dd625b13197bd823d

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kurt P. Foley

Mailing Address 1510 North Elms Road

City State Zip Code  
Flint MI 48532-2033

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

Name of Employer Occupation  
Pioneer State Mutual Insurance Company President & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 13 / 2008

**Transaction ID:** 6285b9e51b83d327db1

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **789.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 49  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Henry H. Gibbel

Mailing Address PO Box 900

City State Zip Code  
Lititz PA 17543-7007

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

Name of Employer  
Lititz Mutual Insurance Company

Occupation  
Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** c09b05dcf35fe70d0df

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address PO Box 900

City State Zip Code  
Lititz PA 17543-7007

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

Name of Employer  
Lititz Mutual Insurance Company

Occupation  
President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** 5183ac0bb09d5000880

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gordon H. Gingrich

Mailing Address 1510 North Elms Road

City State Zip Code  
Flint MI 48532-2033

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

Name of Employer  
Pioneer State Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2008

**Transaction ID:** e59b5d156d787d97607

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 / 49
	<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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Harlan W. Gingrich

Mailing Address 1510 North Elms Road

City Flint State MI Zip Code 48532-2033

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

Name of Employer: Pioneer State Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 13 / 2008  
Transaction ID: 691e623cd12d8d0919e  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas A. Gosse

Mailing Address PO Box 419

City Irvington State VA Zip Code 22480-0419

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

Name of Employer: Northern Neck Insurance Company  
Occupation: President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 05 / 2008  
Transaction ID: 274d928725065ab5d32  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Clarence Guinn

Mailing Address 703 West Poplar Street

City Rogers State AR Zip Code 72756-4443

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

Name of Employer: Farmers Mutual Insurance Company  
Occupation: Assistant Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 28 / 2008  
Transaction ID: ff946f13c684e587a3c  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 49  
(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Clifford R. Hanson

Mailing Address PO Box 48

City State Zip Code  
Cottonwood MN 56229-0048

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

Name of Employer Occupation  
North Star Mutual Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2008

**Transaction ID:** 23b4a16135fecf9edac

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Gerald Healy

Mailing Address One Commerce Square  
2005 Market Street

City State Zip Code  
Philadelphia PA 19103-7008

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

Name of Employer Occupation  
Pennsylvania Lumbermens Mutual Insuran Sales/Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2008

**Transaction ID:** 305ae2e9b1a9d12755c

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Warren Heck

Mailing Address 200 Madison Avenue

City State Zip Code  
New York NY 10016-3903

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

Name of Employer Occupation  
Greater New York Mutual Insurance Comp Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** b1298e9554ceb6cc391

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 / 49  
(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Stuart C. Henderson  
 Mailing Address PO Box 1463  
 City State Zip Code  
 Minneapolis MN 55440-1463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western National Mutual Insurance Comp  
 Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt MM / DD / YYYY  
 02 / 22 / 2008  
**Transaction ID:** d57afcc46e0af136ad4  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
John T. Hill  
 Mailing Address 1 Park Avenue  
 City State Zip Code  
 New York NY 10016-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magna Carta Companies  
 Occupation President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt MM / DD / YYYY  
 03 / 19 / 2008  
**Transaction ID:** 6e6bd7f871ec155e4bd  
 Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Joe E. Hoff  
 Mailing Address PO Box 48  
 City State Zip Code  
 Cottonwood MN 56229-0048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Star Mutual Insurance Company  
 Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt MM / DD / YYYY  
 01 / 28 / 2008  
**Transaction ID:** a0df9b42ce557fd13b4  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**  
**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 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 94ed1a15f9e2d64d7ed
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

<b>B.</b>	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 0b004d584291b4b0ef5
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

<b>C.</b>	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 1c31e2e6e2c75ef4830
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> b00777ab6bdad623fe3
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Jamison	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address One Commerce Square 2005 Market Street	<b>Transaction ID:</b> b7d626a94b3d345ad7f
	City State Zip Code Philadelphia PA 19103-7008	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Legal/Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harold Jamison	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address One Commerce Square 2005 Market Street	<b>Transaction ID:</b> 7751d6f28e1412db746
	City State Zip Code Philadelphia PA 19103-7008	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Legal/Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 49

(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gregory D. Johnson

Mailing Address PO Box 48

City State Zip Code  
Cottonwood MN 56229-0048

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

Name of Employer Occupation  
North Star Mutual Insurance Company Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 560f4545fc597cce32a

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott M. Kehne

Mailing Address PO Box 3428

City State Zip Code  
Knoxville TN 37927-3428

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

Name of Employer Occupation  
Farmers Mutual of Tennessee President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: d8017e27e1593897d9f

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard L. Larkey

Mailing Address PO Box 227

City State Zip Code  
Fairland IN 46126-0227

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

Name of Employer Occupation  
Farmers Mutual Insurance Company of Jo Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 8

Transaction ID: 5b3c1ec38e0f5c05dfc

Amount of Each Receipt this Period

325.00

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

825.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 49  
(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
George D. Larrison

Mailing Address PO Box 452

City Franklin State IN Zip Code 46131-0452

FEC ID number of contributing federal political committee. C

Name of Employer: Farmers Mutual Insurance Company of Jo  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 19 / 2008  
**Transaction ID:** bcdc342b4b4f98945d1  
 Amount of Each Receipt this Period: 325.00

**B.** Full Name (Last, First, Middle Initial)  
Gary G. Long

Mailing Address PO Box 452

City Franklin State IN Zip Code 46131-0452

FEC ID number of contributing federal political committee. C

Name of Employer: Farmers Mutual Insurance Company of Jo  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 19 / 2008  
**Transaction ID:** 09316dbaf285ba45eff  
 Amount of Each Receipt this Period: 325.00

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

Mailing Address 6886 N 500 E

City Shelbyville State IN Zip Code 46176-9536

FEC ID number of contributing federal political committee. C

Name of Employer: Farmers Mutual Insurance Company of Jo  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 19 / 2008  
**Transaction ID:** 841b4a27fd1d8c37b78  
 Amount of Each Receipt this Period: 325.00

**SUBTOTAL** of Receipts This Page (optional) ..... 975.00

**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 / 49
	<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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey L. Mauland

Mailing Address PO Box 48

City Cottonwood State MN Zip Code 56229-0048

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

Name of Employer North Star Mutual Insurance Company  
Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 28 / 2008  
Transaction ID: 3c9e97cfe939660f805  
Amount of Each Receipt this Period: 250.00

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

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 Treasurer/CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.79

Date of Receipt: 03 / 24 / 2008  
Transaction ID: 0abb04cec101a50bb79  
Amount of Each Receipt this Period: 38.47

**C.** Full Name (Last, First, Middle Initial)  
Brian Morris

Mailing Address PO Box 452

City Franklin State IN Zip Code 46131-0452

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

Name of Employer Farmers Mutual Insurance Company of Jo  
Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 19 / 2008  
Transaction ID: d4203c024c871ce1adb  
Amount of Each Receipt this Period: 325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 613.47

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 49
	<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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Joel P. Murray

Mailing Address 222 Ames Street

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 Division Manager-Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2008

Transaction ID: 91cbe6345dc4a8857ba

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Tony Paris

Mailing Address 1510 North Elms Road

City Flint State MI Zip Code 48532-2033

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

Name of Employer Pioneer State Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 13 / 2008

Transaction ID: 053652b4136043835bb

Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Carl M. Parks

Mailing Address 122 C Street Northwest Suite 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 723.50

Date of Receipt 01 / 18 / 2008

Transaction ID: 4a059b5d2c66edf4bdf

Amount of Each Receipt this Period 112.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **712.50**

**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 26 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> 33e805c2f4b690ac4f5
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 112.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 723.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> 892a3ded3ec4cef004f
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 96.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 723.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl M. Parks	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 122 C Street Northwest Suite 540	<b>Transaction ID:</b> 4acf3c247663cea02e7
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 96.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Government Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 723.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	305.50
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 49  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 03 / 14 / 2008
Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> 268cbe3bb21e5ef3020
City Washington	State DC	Zip Code 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 723.50	

**B.**

Full Name (Last, First, Middle Initial) Carl M. Parks		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
Mailing Address 122 C Street Northwest Suite 540		<b>Transaction ID:</b> 48797666841290cbc9e
City Washington	State DC	Zip Code 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 723.50	

**C.**

Full Name (Last, First, Middle Initial) John A. Paul		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address PO Box 498		<b>Transaction ID:</b> ab3db44cb0f351f2525
City Council Bluffs	State IA	Zip Code 51502-0498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Western Iowa Mutual Insur- ance Associat	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	943.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49  
(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Gregory Petrini

Mailing Address 187 Rosemary Street

City Needham State MA Zip Code 02494-3239

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 ▼ 250.00

Date of Receipt 02 / 20 / 2008  
**Transaction ID:** e062199067f445f7c80  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
William A. Poppen

Mailing Address PO Box 9

City De Smet State SD Zip Code 57231-0009

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

Name of Employer De Smet Farm Mutual Insurance Company  
Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2008  
**Transaction ID:** 36a5d4c51ee925c9062  
Amount of Each Receipt this Period 300.00

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

Mailing Address 200 North Main Street

City Bel Air State MD Zip Code 21014-3554

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

Name of Employer The Harford Mutual Insurance Company  
Occupation Director of Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2008  
**Transaction ID:** aed44f1a6effc6748df  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**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 29 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy B. Salge	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 309 East San Antonio Street	<b>Transaction ID:</b> 627c312a3f262140e7b
	City State Zip Code New Braunfels TX 78130-4537	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Farmers Mutual Fire Insurance Associat	Occupation President/General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas J. Shaw	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address PO Box 99	<b>Transaction ID:</b> 7830914ee7a62d1d95f
	City State Zip Code Liberal MO 64762-0099	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Barton Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Duane D. Smith	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address PO Box 452	<b>Transaction ID:</b> e39115d133f29d55c3b
	City State Zip Code Franklin IN 46131-0452	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Farmers Mutual Insurance Company of Jo	Occupation Secretary/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 49
	<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)  
NAMIC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John K. Smith	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address One Commerce Square 2005 Market Street	<b>Transaction ID:</b> 88bfc90377b7b7c955f
	City Philadelphia State PA Zip Code 19103-7008	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard R. Smith	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address PO Box 1020	<b>Transaction ID:</b> 40761794e80222b1bb7
	City Germantown State WI Zip Code 53022-8220	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Germantown Mutual Insuran- ce Company Occupation Chairman President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Snodgrass	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address PO Box 48	<b>Transaction ID:</b> e5fee0e6ba1c2ef0b34
	City Cottonwood State MN Zip Code 56229-0048	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Star Mutual Insuran- ce Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	580.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 49  
(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)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
John R. Spielberger  
 Mailing Address 200 North Main Street  
 City State Zip Code  
 Bel Air MD 21014-3554  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2008  
**Transaction ID:** cb73259ecbdd30aa261  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Harford Mutual Insurance Company Senior Vice President/General Counsel  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Randall Trinklein  
 Mailing Address One Mutual Avenue  
 City State Zip Code  
 Frankenmuth MI 48734  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2008  
**Transaction ID:** 435735340564e890e82  
 Amount of Each Receipt this Period  
 39.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President of Administration  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.00

**C.** Full Name (Last, First, Middle Initial)  
Terry H. Wendorff  
 Mailing Address PO Box 7988  
 City State Zip Code  
 Madison WI 53707-7988  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 13 / 2008  
**Transaction ID:** e703eef55e5be95057e  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wisconsin Reinsurance Corporation President & CEO  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1039.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 49

(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Wayne F. White

Mailing Address PO Box 906

City State Zip Code  
Conway AR 72033-0906

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

Name of Employer Occupation  
Home Mutual Fire Insurance President/Chairman  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 8

Transaction ID: f8c80c63b8ac21c32bb

Amount of Each Receipt this Period

1250.00

**B.**

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 Senior Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 234.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: ffbcbbcb4e5206e29b5c

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert M. Zak

Mailing Address 250 Main Street

City State Zip Code  
Buffalo NY 14202-4104

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

Name of Employer Occupation  
Merchants Mutual Insurance President & CEO  
Company

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 8

Transaction ID: 39fb2430a97edb2f6eb

Amount of Each Receipt this Period

1000.00

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

2289.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 49
	(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Jerry G. Zenke		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address PO Box 708		<b>Transaction ID:</b> a97a4f932228fe30add
City Houston	State MN	Zip Code 55943-0708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mound Prairie Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Steven R. Zoss		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address PO Box 276		<b>Transaction ID:</b> b2b021ae2a8d590424b
City Canton	State SD	Zip Code 57013-0276
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Farm Mutual Insurance Company of Linco	Occupation Market Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	32736.14

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 49  
(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Cuna Mutual Insurance Society Political Action Committee (Cuna Mutual Pac)

Date of Receipt: MM / DD / YYYY  
03 / 14 / 2008

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

City: Madison State: WI Zip Code: 53701

Transaction ID: e91a40451a241a67a1e

Amount of Each Receipt this Period: 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Farmers Mutual Hail Ins Co of Iowa Political Action Committee (Fmh Pac)

Date of Receipt: MM / DD / YYYY  
03 / 26 / 2008

Mailing Address: 6785 Westown Parkway

City: West Des Moines State: IA Zip Code: 50266

Transaction ID: 5b748b4d32cb68a907c

Amount of Each Receipt this Period: 2000.00

FEC ID number of contributing federal political committee: **C** C00117614

Name of Employer: Occupation:

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Motorists Mutual Insurance Company Civic Fund

Date of Receipt: MM / DD / YYYY  
01 / 31 / 2008

Mailing Address: 471 E Broad St

City: Columbus State: OH Zip Code: 43215

Transaction ID: 61738-44735354185104

Amount of Each Receipt this Period: 5000.00

FEC ID number of contributing federal political committee: **C** C00336834

Name of Employer: Occupation:

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 49
	(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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial) Secura Insurance a Mutual Company Pac (Secura Ins Pac)		Date of Receipt MM / DD / YYYY 02 / 11 / 2008
Mailing Address 2401 South Memorial Drive PO Box 819		<b>Transaction ID:</b> 86847-74688357114792
City Appleton	State Zip Code WI 54912	
FEC ID number of contributing federal political committee. <b>C</b> C00343384		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

**B.**

Full Name (Last, First, Middle Initial) Westfield Employee Federal Political Action Committee of Ohio Farmers Insurance Company		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address One Park Circle PO Box 5001		<b>Transaction ID:</b> e1fd47306520c93de74
City Westfield Center	State Zip Code OH 44251	
FEC ID number of contributing federal political committee. <b>C</b> C00376863		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	16500.00

**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)

PAGE 36 / 49

<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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) National City Bank			Transaction ID: 918cf33dcf348a06f17 Date of Disbursement																					
	Mailing Address 1417 W 86th St			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	3		3	1		2	0	0	8																
	City Indianapolis	State IN	Zip Code 46260	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Bank Fees			<table border="1"> <tr> <td colspan="6">94.54</td> </tr> </table>			94.54																		
94.54																									
	Candidate Name																								
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type																					
	State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
				001																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	94.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	94.54

**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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America <hr/> Mailing Address 499 S. Capitol St. SW #414 -- <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: 69694-110851466657 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950 <hr/> City Woodbury State MN Zip Code 55125 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michele M. Bachmann	Transaction ID: 39281-5072442889213 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Barrett for Congress <hr/> Mailing Address PO Box 869 PO Box 869 <hr/> City Westminster State SC Zip Code 29693 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James Gresham Barrett	Transaction ID: 69694-9942895770073 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type

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

6500.00

**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)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address PO Box 15703 PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. F. Allen Boyd, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 02</p>	<p><b>Transaction ID:</b> 09293-5258142352104</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael N. Castle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: DE District: 01</p>	<p><b>Transaction ID:</b> 45795-33736819028854</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">-2000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District:</p>	<p><b>Transaction ID:</b> 69694-5619623064994</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress 2008</p> <p>Mailing Address 5915 Eastman Ave. Suite 100 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p><b>Transaction ID:</b> 56741-2743799090385</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Demint for Senate Committee Inc</p> <p>Mailing Address PO Box 12425</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Jim DeMint</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District:</p>	<p><b>Transaction ID:</b> 28755-0389215350151</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dreier for Congress Committee</p> <p>Mailing Address PO Box 505</p> <p>City Upland State CA Zip Code 91785</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. David Dreier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 26</p>	<p><b>Transaction ID:</b> 05128-8754846453666</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">4500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

# 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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 69694-5673791766166
	Mailing Address PO Box 9336	Date of Disbursement 02 / 20 / 2008
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Rep. Earl Pomeroy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac)	Transaction ID: 70197-8467370867729
	Mailing Address 25 East Main Street Suite 200	Date of Disbursement 02 / 20 / 2008
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Freedom Fund	Transaction ID: 69694-8390008807182
	Mailing Address 1155 21st Street, NW Suite 300	Date of Disbursement 02 / 20 / 2008
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

10000.00

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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Freedom Project; the <hr/> Mailing Address 424 C Street NE Basement Unit <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 46413-9089013934135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Oberstar <hr/> Mailing Address 1017 8th St NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James L. Oberstar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 58406-5059472918510 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

<b>C.</b> Full Name (Last, First, Middle Initial) Geoff Davis for Congress <hr/> Mailing Address 3161 Dixie Highway Suite F <hr/> City Erlanger State KY Zip Code 41018 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Geoffrey C. Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 09293-6209070086479 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 42 / 49

<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)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee <hr/> Mailing Address 831 Linwood Court Suite 300 <hr/> City Birmingham State AL Zip Code 35222 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: 58658-6712762713432 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Joe Donnelly for Congress <hr/> Mailing Address PO Box 1961 <hr/> City South Bend State IN Zip Code 46634 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Joe Donnelly	Transaction ID: 08557-4678308367729 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Kenny Marchant for Congress <hr/> Mailing Address PO Box 110187 <hr/> City Carrollton State TX Zip Code 75011 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Kenny Marchant	Transaction ID: 58152-1735650897026 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 70197-9212152361869
	Mailing Address PO Box 12667	Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Kevin McCarthy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) King for Congress	Transaction ID: 77264-7871667742729
	Mailing Address 126 Des Moines Street PO Box 576	Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	City Odebolt State IA Zip Code 51458	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Steve King	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maloney for Congress	Transaction ID: 77264-4352685809135
	Mailing Address 49 East 92nd Street	Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Carolyn B. Maloney	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) McHenry for Congress	Transaction ID: 46413-5310479998588
	Mailing Address PO Box 1406	Date of Disbursement 02 / 13 / 2008
	City Hickory State NC Zip Code 28603	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick Timothy McHenry	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McHenry for Congress	Transaction ID: 69694-5853692889213
	Mailing Address PO Box 1406	Date of Disbursement 02 / 20 / 2008
	City Hickory State NC Zip Code 28603	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick Timothy McHenry	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: 77264-0839502215385
	Mailing Address PO Box 360	Date of Disbursement 02 / 27 / 2008
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Mike Ross	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Red Pac	Transaction ID: 06778-217235743994 Date of Disbursement 03 / 27 / 2008
	Mailing Address Post Office Box 51	Amount of Each Disbursement this Period 2500.00
	City Homeland State FL Zip Code 33847	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

B.	Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: 58152-7258264422416 Date of Disbursement 03 / 17 / 2008
	Mailing Address PO Box 713	Amount of Each Disbursement this Period 1000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement Contribution Candidate Name Rep. Peter J. Roskam	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ryan for Congress	Transaction ID: 05128-7744104266166 Date of Disbursement 01 / 30 / 2008
	Mailing Address PO Box 1919 PO Box 1919	Amount of Each Disbursement this Period 1000.00
	City Janesville State WI Zip Code 53547	
	Purpose of Disbursement Contribution Candidate Name Rep. Paul Ryan	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress</p> <p>Mailing Address PO Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WV District: 02</p>	<p><b>Transaction ID:</b> 87603-3932611346244</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sherman for Congress</p> <p>Mailing Address 555 So. Flower St. Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 27</p>	<p><b>Transaction ID:</b> 77264-1151544451713</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Walberg for Congress</p> <p>Mailing Address 6769 Teachout Rd.</p> <p>City Tipton State MI Zip Code 49287</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Timothy L. Walberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 07</p>	<p><b>Transaction ID:</b> 81148-7275812029838</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">3500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Walter Jones for Congress Committee (2008)	Transaction ID: 05128-7758600115776
	Mailing Address PO Box 99667	Date of Disbursement 01 / 30 / 2008
	City Raleigh State NC Zip Code 27624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Walter B. Jones	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wicker for Senate	Transaction ID: 91944-2167932391166
	Mailing Address PO Box 233	Date of Disbursement 01 / 30 / 2008
	City Tupelo State MS Zip Code 38802	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Sen. Roger F. Wicker	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	51500.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
NAMIC PAC

A.	Full Name (Last, First, Middle Initial) Ohio Insurance Institute PAC (OII PAC)		Transaction ID: 30002-8464471697807	
	Mailing Address 172 East State Street Suite 201		Date of Disbursement 03 / 20 / 2008	
	City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Nonfederal Contribution		011	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	75.00

Image# 28931116462

Form/Schedule: **F3X**

Transaction ID:

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