



A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		100241.13
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	124693.85									
(c) Total Receipts (from Line 19) .....	55315.64	140663.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	180009.49	240905.06								
7. Total Disbursements (from Line 31) .....	28160.16	89055.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	151849.33	151849.33								
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

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	33170.76	81067.49
(ii) Unitemized .....	17129.15	38033.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	50299.91	119100.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	16500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	55299.91	135600.54
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	15.73	63.39
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)) .....	55315.64	140663.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55315.64	140663.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	160.16	455.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	160.16	455.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	88500.00
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	100.00
(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	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28160.16	89055.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28160.16	89055.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	55299.91	135600.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55299.91	135500.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.16	455.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	160.16	455.73

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd E. Albert	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address PO Box 111	<b>Transaction ID:</b> FF13FAFF399E5EF3048
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ohio Mutual Insurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jim Alexander	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address PO Box 2502	<b>Transaction ID:</b> 8F9C05E476927A4E755
	City State Zip Code Fargo ND 58108-2502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Nodak Mutual Insurance Company Occupation Executive Vice President & CEO 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) Neil Alldredge	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address Box 68700	<b>Transaction ID:</b> 399566E9873863ED697
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>314.00</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 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address Box 68700	<b>Transaction ID:</b> B0BD48639F0DE884700
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: National Association of Mutual Insuran Occupation: Senior Vice President - State and Poli Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address Box 68700	<b>Transaction ID:</b> F2A4E91089FBFB65A3E
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: National Association of Mutual Insuran Occupation: Senior Vice President - State and Poli Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Roberta Alsworth	Date of Receipt MM / DD / YYYY 04 / 06 / 2010
	Mailing Address 1285 Highway 15 South	<b>Transaction ID:</b> 19A06C9D1055645695E
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Fairmont Farmers Mutual Insurance Comp Occupation: Office Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>378.00</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 9 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) W. Kim Austen		Date of Receipt MM / DD / YYYY 04 / 20 / 2010		
	Mailing Address PO Box 974		<b>Transaction ID:</b> D62346ADE5AC070AA8A		
	City Des Moines	State IA	Zip Code 50391-2000	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALLIED Property and Casualty Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas W. Beach		Date of Receipt MM / DD / YYYY 05 / 12 / 2010		
	Mailing Address One Commerce Square 2005 Market Street		<b>Transaction ID:</b> 40D31400F74D67ACD06		
	City Philadelphia	State PA	Zip Code 19103-7008	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott Becker		Date of Receipt MM / DD / YYYY 04 / 06 / 2010		
	Mailing Address 1285 Highway 15 South		<b>Transaction ID:</b> 239D29B20EFA7FA9EB5		
	City Fairmont	State MN	Zip Code 56031-4461	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fairmont Farmers Mutual Insurance Comp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Adjuster Inspector Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<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 10 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> C9A65842E8854C520C4		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 1269.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 04 / 14 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 625BAA222239236D952		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 1269.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 04 / 29 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 5814C6AD1E9560C5E41		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 1269.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.17</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 11 / 51  
(check only one)

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

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1269.29

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** 9F3EB2159CB91B00EA2

Amount of Each Receipt this Period  
115.39

**B.**

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

Name of Employer  
Auto-Owners Insurance Company

Occupation  
First Vice President, Secretary & Gene

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 371FE6C864309BFD78A

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
W. A. Bissette

Mailing Address 1 Commerce Sq

City State Zip Code  
Philadelphia PA 19103-7042

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

Name of Employer  
Pennsylvania Lumbermens Mutual Insuran

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** 7EEDE02E063ABEA6222

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1175.39**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 51  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephen F. Boyd

Mailing Address 40 Woolsey Street

City Irvington State NJ Zip Code 07111-4012

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

Name of Employer Manufacturers Reserve Supply Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 29 / 2010

**Transaction ID:** E2617ED745EF8DBF54B

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jim Bricker

Mailing Address 1501 South Capitol Way, Room 201

City Olympia State WA Zip Code 98501-2200

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

Name of Employer PEMCO Mutual Insurance Company Occupation Director of Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2010

**Transaction ID:** 4D5EE9D5057C6F8B2D0

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Wes Broseke

Mailing Address 1725 Hopley Avenue

City Bucyrus State OH Zip Code 44820-3569

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

Name of Employer Ohio Mutual Insurance Company Occupation Claims Professional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2010

**Transaction ID:** 0F2C0AFB034BD1F5BBB

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Susan Burmeister  
 Mailing Address 1285 Highway 15 South  
 City Fairmont State MN Zip Code 56031-4461  
 Date of Receipt 04 / 06 / 2010  
**Transaction ID:** 4BFA256D7CD8C5F4FF1  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Office Assistant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 300.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Cammarata, CPA  
 Mailing Address PO Box 419  
 City Irvington State VA Zip Code 22480-0419  
 Date of Receipt 04 / 19 / 2010  
**Transaction ID:** A0E99898DB323745AE9  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Neck Insurance Company Occupation President/COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
Charles M. Chamness  
 Mailing Address Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 Date of Receipt 04 / 09 / 2010  
**Transaction ID:** F2B5B2FD32B8AA33B4A  
 Amount of Each Receipt this Period 90.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 810.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **640.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 51  
(check only one)

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

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

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

**A.**

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt 04 / 23 / 2010

**Transaction ID:** A3A6CB0CAB3720446FC

Amount of Each Receipt this Period 90.00

**B.**

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt 05 / 07 / 2010

**Transaction ID:** 3C2FDDF35937E4EAE01

Amount of Each Receipt this Period 90.00

**C.**

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

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 03 / 2010

**Transaction ID:** D51F58D84583678D4B1

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

**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 15 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Couchman  
Mailing Address PO Box 1463  
City Minneapolis State MN Zip Code 55440-1463  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Western National Mutual Insurance Comp Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 05 / 2010  
Transaction ID: 56F30445B4C2144E3F8  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Linda J. Day  
Mailing Address Four Bouton Street  
City Concord State NH Zip Code 03301-5006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Concord General Mutual Insurance Compa Occupation President & COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 04 / 14 / 2010  
Transaction ID: AA6EB25C58F8684E088  
Amount of Each Receipt this Period 800.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Detlefsen, PhD  
Mailing Address Box 68700  
City Indianapolis State IN Zip Code 46268-0700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 04 / 23 / 2010  
Transaction ID: 61BEE60AAD254AE1918  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1095.00  
**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 / 51  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Detelesen, PhD

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 07 / 2010  
**Transaction ID:** AEE5288D6D191C48FC8

Amount of Each Receipt this Period 45.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin M. Doto

Mailing Address One Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President Insurance Operat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2010  
**Transaction ID:** A0871B86EFD02C2944C

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt 04 / 09 / 2010  
**Transaction ID:** 1702E93D046F29D7D1D

Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 586.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 51  
(check only one)

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

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

**A.**

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** B57E17D98B5431CE066

Amount of Each Receipt this Period  
41.00

**B.**

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

**Transaction ID:** 58F519B7B5A51E56A4C

Amount of Each Receipt this Period  
41.00

**C.**

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

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 Insura- nce Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

**Transaction ID:** 6AC019784E3A019D220

Amount of Each Receipt this Period  
38.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.47**

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

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

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

FOR LINE NUMBER: PAGE 18 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.17

Date of Receipt: 04 / 14 / 2010  
**Transaction ID:** EAA3DAD1FBDB2A86B7A  
 Amount of Each Receipt this Period: 38.47

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.17

Date of Receipt: 04 / 29 / 2010  
**Transaction ID:** 77ABC696BDF7DD71772  
 Amount of Each Receipt this Period: 38.47

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.17

Date of Receipt: 05 / 13 / 2010  
**Transaction ID:** B6CA3B9F0635873376D  
 Amount of Each Receipt this Period: 38.47

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Eide	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 5350 West 78th Street	<b>Transaction ID:</b> 3D3B11C3382F0ED64D8
	City State Zip Code Minneapolis MN 55439-3101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Western National Mutual Insurance Comp Occupation: Vice President 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) Daniel P. Ferris	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 2401 South Memorial Drive	<b>Transaction ID:</b> 98CAD34AE69AF8903C1
	City State Zip Code Appleton WI 54915-1429	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: SECURA Insurance, A Mutual Company Occupation: VP, General Counsel and Assistant Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rolf H. Gesen	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address PO Box 900	<b>Transaction ID:</b> 55942BB725031C282FE
	City State Zip Code Concord NH 03302-0900	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Phenix Mutual Fire Insurance Company Occupation: President/COO 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) .....	▶	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 0321155B55F635E52BE		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.17			

<b>B.</b>	Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt MM / DD / YYYY 04 / 14 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 88FEF0B458D134C0370		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.17			

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt MM / DD / YYYY 04 / 29 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> AAD1D5FE9D483E9C14D		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.17			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.41
<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 21 / 51  
(check only one)

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

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

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** A79FA2543A1424DBA68

Amount of Each Receipt this Period  
38.47

**B.**

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

Mailing Address PO Box 419

City State Zip Code  
Irvington VA 22480-0419

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

Name of Employer  
Northern Neck Insurance Company

Occupation  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2010

**Transaction ID:** 4E28B27A2A4E9D8163D

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 703 West Poplar Street

City State Zip Code  
Rogers AR 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  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** 5D3C5E89BE71850C0EB

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1288.47**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 51  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
F. Timothy Hegarty, Jr., CPCU

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 Occupation  
Norfolk & Dedham Mutual President & CEO  
Fire Insurance

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1239.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

**Transaction ID:** CCE81042113021CD012

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
F. Timothy Hegarty, Jr., CPCU

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 Occupation  
Norfolk & Dedham Mutual President & CEO  
Fire Insurance

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1239.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

**Transaction ID:** 8792EA6844BF701C984

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
A. Michael Heister

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Com- Director  
pany

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

**Transaction ID:** 075993C7F414CB5CCB7

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Holtshouse, CPCU		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address PO Box 111		<b>Transaction ID:</b> 09CE80B74226AF8AA28		
	City Bucyrus	State OH	Zip Code 44820-0111	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Ohio 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>B.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> B51B32B3DF269F50A60		
	City Frankenmuth	State MI	Zip Code 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 ▼ 846.23			

<b>C.</b>	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 04 / 14 / 2010		
	Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 065D304917155A37EB8		
	City Frankenmuth	State MI	Zip Code 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 ▼ 846.23			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	403.86
<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 24 / 51  
(check only one)

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

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

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

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
846.23

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** CECDD4DFD7173121744

Amount of Each Receipt this Period  
76.93

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
846.23

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** 266B5653C6B8A528F56

Amount of Each Receipt this Period  
76.93

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Jacobs

Mailing Address 1285 Highway 15 South

City State Zip Code  
Fairmont MN 56031-4461

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

Name of Employer  
Fairmont Farmers Mutual Insurance Comp

Occupation  
Adjuster/Inspector

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** 7F20D0BDC666487C9C1

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **453.86**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 51  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James J. Kennedy, CPCU, LUTC

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Company President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** 26999949F64F3D673CA

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Terri Kietzer

Mailing Address 1285 Highway 15 South

City State Zip Code  
Fairmont MN 56031-4461

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

Name of Employer Occupation  
Fairmont Farmers Mutual Insurance Comp Office Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** C431BA62B7C630884CF

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
J. William Lee

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 Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** A70EBCDE2A80BD29C7E

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.**

Full Name (Last, First, Middle Initial) Katherine Mabe	Date of Receipt MM / DD / YYYY 04 / 20 / 2010
Mailing Address One Nationwide Plaza	<b>Transaction ID:</b> 6BE1534715975CD9BAE
City Columbus State OH Zip Code 43215-2226	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Titan Insurance Company Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

**B.**

Full Name (Last, First, Middle Initial) Phil McCain	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
Mailing Address 1 Mutual Ave	<b>Transaction ID:</b> BC566E28C5EEBB18BEE
City Frankenmuth State MI Zip Code 48787-0001	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17

**C.**

Full Name (Last, First, Middle Initial) Phil McCain	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
Mailing Address One Mutual Avenue	<b>Transaction ID:</b> E72F4140DB4A2BB8DF9
City Frankenmuth State MI Zip Code 48787-0001	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>326.94</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 27 / 51  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 04 / 29 / 2010	
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 0659169123C49C394F9	
City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. C			
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17		

**B.**

Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 05 / 13 / 2010	
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> 009ACA61CF585C9867A	
City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. C			
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17		

**C.**

Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 04 / 05 / 2010	
Mailing Address One Mutual Avenue		<b>Transaction ID:</b> BE63B2EB0CDDC39C870	
City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.40
<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 / 51  
(check only one)

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

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

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

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

**Transaction ID:** 36681A50A46751A7F6D

Amount of Each Receipt this Period  
38.46

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** 02A859DC21FC5F3F8D1

Amount of Each Receipt this Period  
38.46

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** D69D886115E2DD14B85

Amount of Each Receipt this Period  
38.46

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin M. Meskell

Mailing Address 57 Washington Street

City Quincy State MA Zip Code 02169-5303

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

Name of Employer  
Quincy Mutual Fire Insurance Company

Occupation  
Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 1 0

**Transaction ID:** C39D5ADC26E0661FF67

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Tricia A. Mickley, CPA

Mailing Address PO Box 31

City Mount Carroll State IL Zip Code 61053-0031

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

Name of Employer  
Mount Carroll Mutual Fire Insurance Co

Occupation  
Secretary/Treasurer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 1 0

**Transaction ID:** 3F3B11CEE978EE1255C

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen H. Miller, CPCU

Mailing Address 325 Eastlake Avenue East

City Seattle State WA Zip Code 98109-5407

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

Name of Employer  
PEMCO Mutual Insurance Company

Occupation  
Vice President & COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 1 / 2 0 1 0

**Transaction ID:** B231DC93FFA4DEC71F1

Amount of Each Receipt this Period  
250.00

**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 30 / 51  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dona L. Mohr Mailing Address 1725 Hopley Avenue City State Zip Code Bucyrus OH 44820-3569 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Ohio Mutual Insurance Company Assistant Vice President-Personal Line Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0 <b>Transaction ID:</b> AE859DC51045005AA66 Amount of Each Receipt this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) David Nawrocki Mailing Address 1285 Highway 15 South City State Zip Code Fairmont MN 56031-4461 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Fairmont Farmers Mutual Insurance Comp Inspector/Adjuster Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0 <b>Transaction ID:</b> 2A1BD4B742963D297B7 Amount of Each Receipt this Period 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Randy O'Conner Mailing Address 1725 Hopley Avenue City State Zip Code Bucyrus OH 44820-3569 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Ohio Mutual Insurance Company Vice President-Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0 <b>Transaction ID:</b> 238888F97CFF408D8E3 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<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 / 51  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gregory Petrini

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

**Transaction ID:** 809CE0F1DC7A6836BEC

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph J. Pingatore

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  
Vice President, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2768C192D3627D7FB02

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address PO Box 9

City State Zip Code  
De Smet SD 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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

**Transaction ID:** 5E7B412E148EF2CA977

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 51  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Curt Priem

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Loss Control

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 0

**Transaction ID:** 38B6DDD137D98FB65EF

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Reinke

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

**Transaction ID:** 2BB9D79AC0DB6219D29

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1130.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

**Transaction ID:** 503EBCEB1B7B2047D74

Amount of Each Receipt this Period  
230.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **830.00**

**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 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gerald L. Roach, CPCU, FLMI  
 Mailing Address PO Box 6927  
 City Richmond State VA Zip Code 23230-0927  
 Date of Receipt 05 / 03 / 2010  
**Transaction ID:** 8AFD3692F768F5B6A9D  
 Amount of Each Receipt this Period 230.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Assurance Society of Virginia Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1130.00

**B.** Full Name (Last, First, Middle Initial)  
Rodney J. Rupp  
 Mailing Address 6101 Anacapi Boulevard  
 City Lansing State MI Zip Code 48917-3968  
 Date of Receipt 04 / 30 / 2010  
**Transaction ID:** B3944998834BF59F5D8  
 Amount of Each Receipt this Period 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen Scott  
 Mailing Address 200 North Main Street  
 City Bel Air State MD Zip Code 21014-3554  
 Date of Receipt 04 / 13 / 2010  
**Transaction ID:** 5D860312D3D211510BA  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 790.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 51  
(check only one)

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

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

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

Mailing Address 13 Idlewood Boulevard

City Staunton State VA Zip Code 24401-9355

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

Name of Employer Augusta Mutual Insurance Company  
Occupation Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2010  
**Transaction ID:** 587AE5AED47AB761717  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
David Siebenburgen

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company  
Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2010  
**Transaction ID:** 945869B0BF48B36AD25  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Eileen M. Sleutaris

Mailing Address One Commerce Square  
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran  
Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 13 / 2010  
**Transaction ID:** 4FB77809A13AAF996B6  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 / 51  
(check only one)

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

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

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

**A.**

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

Mailing Address One Commerce Square  
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 1 0

**Transaction ID:** 14529873150323A2E2C

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address One Commerce Square  
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

**Transaction ID:** 5C0117BF7905C435425

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter Pete C. Smythe, CPCU, AAI,

Mailing Address PO Box 1960

City Auburn State ME Zip Code 04211-1960

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

Name of Employer Patrons Oxford Insurance Company Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

**Transaction ID:** D794DF52E342DFB41E4

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 51

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Phillip Spencer

Mailing Address PO Box 26

City State Zip Code  
Mendon MO 64660-0026

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

Name of Employer Occupation  
Chariton County Mutual In- Secretary/Manager  
surance Compa

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: 7596781F6D5926F3AC4

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Marlene Stueven

Mailing Address 1285 Highway 15 South

City State Zip Code  
Fairmont MN 56031-4461

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

Name of Employer Occupation  
Fairmont Farmers Mutual Office Assistant  
Insurance Comp

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: 8C71EF578239DC7B167

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul G. Stueven

Mailing Address 1285 Highway 15 South

City State Zip Code  
Fairmont MN 56031-4461

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

Name of Employer Occupation  
Fairmont Farmers Mutual Manager/Treasurer  
Insurance Comp

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: 1BA06DAF05E350F4CB0

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 37 / 51  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Douglas M. Sullivan, CIC, PFMM

Mailing Address PO Box 37

City State Zip Code  
Orion IL 61273-0037

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

Name of Employer Svea Mutual Insurance Company  
Occupation Manager/Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** D3E9119327F26A6D037

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher P. Taft, CPA

Mailing Address One Preferred Way

City State Zip Code  
New Berlin NY 13411-1800

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

Name of Employer Preferred Mutual Insurance Company  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2010

**Transaction ID:** B871D21000AA5612CB0

Amount of Each Receipt this Period  
2500.00

**C.**

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

Mailing Address PO Box 100045

City State Zip Code  
Duluth GA 30096-9345

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 493DEAC36CEFFB832CF

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2860.00**

**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 38 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen Tenney

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 06 / 2010  
**Transaction ID:** 36A1D9680C0EC6197D5  
 Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce D. Thomas, PFMM

Mailing Address 409 Kenyon Road

City Fort Dodge State IA Zip Code 50501-5718

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

Name of Employer Heartland Mutual Insurance Association Occupation President/CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 16 / 2010  
**Transaction ID:** 5479757A828DD0A71F9  
 Amount of Each Receipt this Period: 100.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt: 04 / 05 / 2010  
**Transaction ID:** 1F1F38D9C81C225FEDF  
 Amount of Each Receipt this Period: 39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **439.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 51  
(check only one)

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

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

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

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt: 04 / 14 / 2010  
**Transaction ID:** 1EDD6765A070E5E93E0  
 Amount of Each Receipt this Period: 39.00

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt: 04 / 29 / 2010  
**Transaction ID:** 8B9B9EC9936ACBAEB72  
 Amount of Each Receipt this Period: 39.00

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt: 05 / 13 / 2010  
**Transaction ID:** 5E9E6E39A0866B0875D  
 Amount of Each Receipt this Period: 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rod Walgrave	Date of Receipt MM / DD / YYYY 04 / 06 / 2010
	Mailing Address 1285 Highway 15 South	<b>Transaction ID:</b> F5EED2627AD1C44D1D8
	City State Zip Code Fairmont MN 56031-4461	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fairmont Farmers Mutual Insurance Comp Adjuster/Inspector Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wayne F. White, CPA, PFMM	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address PO Box 860	<b>Transaction ID:</b> ACE5779E37F72EE86C6
	City State Zip Code Bryant AR 72089-0860	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Farmers Union Mutual Insurance Company Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM,	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 7B18B2B1C2EA6C9C93D
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Frankenmuth Mutual Insurance Company Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 439.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2840.00
<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 41 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM,	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 965CB1C073E6E77BA3B
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 40.00
	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 ▼ 439.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM,	Date of Receipt MM / DD / YYYY 04 / 29 / 2010
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> 055D21576F5D6F5DA57
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 40.00
	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 ▼ 439.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM,	Date of Receipt MM / DD / YYYY 05 / 13 / 2010
	Mailing Address One Mutual Avenue	<b>Transaction ID:</b> A9F7C14E44AA5BC72FB
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 40.00
	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 ▼ 439.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<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 42 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Woolley		Date of Receipt	
	Mailing Address PO Box 111		M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 8E4B4F21735D24CF56E
	Bucyrus	OH	44820-0111	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Ohio Mutual Insurance Company		Occupation Director-Vice Chairman-Secretary		
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) Michael A. Yeager		Date of Receipt	
	Mailing Address 1047 West Hamilton Street		M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 126F34FDD7A17B7D4DC
	Allentown	PA	18101-1012	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Mutual Insurance Company of Lehigh Cou		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A. Yeager		Date of Receipt	
	Mailing Address 1047 West Hamilton Street		M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> E16F72CD0FE23B1D14D
	Allentown	PA	18101-1012	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer Mutual Insurance Company of Lehigh Cou		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	33170.76

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

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

FOR LINE NUMBER: PAGE 43 / 51  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

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

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

City Madison State WI Zip Code 53701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 27 / 2010  
**Transaction ID:** 19D6E690BF386343D63  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 6785 Westown Parkway

City West Des Moines State IA Zip Code 50266

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

Date of Receipt: 04 / 20 / 2010  
**Transaction ID:** D3EB42E0A7985A02022  
 Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Nationwide Mutual Insurance Company Political Action Committee

Mailing Address One Nationwide Plaza  
1-27-10

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 27 / 2010  
**Transaction ID:** 87A9343A18D69E0870F  
 Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

**TOTAL** This Period (last page this line number only) ..... ► 5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 51

<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

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

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

A.	Full Name (Last, First, Middle Initial) Chase Bank			Transaction ID: 8884D03301F6D13B060		
	Mailing Address 8751 N Michigan Road			Date of Disbursement MM / DD / YYYY 04 / 30 / 2010		
	City Indianapolis	State IN	Zip Code 46268	Amount of Each Disbursement this Period 160.16		
	Purpose of Disbursement Bank Fees		Category/ Type 001			
Candidate Name						
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:						

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

160.16

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

160.16

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5516D677E67AC07E979</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Corker for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement 2006 Primary Debt</p> <p>Candidate Name Bob Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37C55B3D70B40F30B3E</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Coble for Congress</p> <p>Mailing Address PO Box 1177 PO Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John Howard Coble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> F417C5F03CE2F9771F3</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congress</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Nydia M. Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 314D97DB836929FB410</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</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 2010 Primary</p> <p>Candidate Name Jim DeMint</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 884175376BA463CCA06</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</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 2010 General</p> <p>Candidate Name Jim DeMint</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1F1856E4F2DE7D7A646</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

**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)  
National Association of Mutual Insurance Companies PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AD19730C9F8CB04BB75 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dennis Ross <hr/> Mailing Address PO Box 7310 <hr/> City Lakeland State FL Zip Code 33807 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Dennis Alan Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5E52FF48E950129D05 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6D0897C5D2FCCC181D5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Trey Grayson <hr/> Mailing Address PO Box 175726 <hr/> City Ft Mitchell State KY Zip Code 41017 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Trey Grayson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1762C8E002AB0A5A3DC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Geoff Davis for Congress <hr/> Mailing Address PO Box 17192 Suite F <hr/> City Ft Mitchell State KY Zip Code 41017 <hr/> Purpose of Disbursement 2010 Primary Candidate Name 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0ABE064E589267B9AF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jackie Speier for Congress <hr/> Mailing Address Post Office Box 112 <hr/> City Burlingame State CA Zip Code 94011 <hr/> Purpose of Disbursement 2010 Primary Candidate Name K. Jacqueline Speier <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7B51FB26B8425421BA0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joe Donnelly for Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6BF77897F08ACB3E60A</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D273B99CE203BF0836B</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 99F67E89621ACFDF0E3</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee '14</p> <p>Mailing Address PO Box 1496</p> <p>City Louisville State KY Zip Code 40201</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1BEBDC700AEA8A79AFB</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Portman for Senate Committee</p> <p>Mailing Address 8331 Little Harbor Drive</p> <p>City Cincinnati State OH Zip Code 45244</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> ADD777BEF779A299707</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steve Chabot for Congress</p> <p>Mailing Address 3030 Harrison Avenue 3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Steve Chabot</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9F3AA609A1453F9D9B7</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 51

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

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

A.

Full Name (Last, First, Middle Initial)  
Tim Burns for Congress

Transaction ID: 741974C11423E395B0D

Mailing Address PO Box 4483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

City State Zip Code  
Eighty Four PA 15330

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
2010 Special

011
Category/ Type

Candidate Name  
Timothy Raymond Burns

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Special

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

1000.00
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TOTAL This Period (last page this line number only) ..... ▶

28000.00
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