

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Mutual Insurance Companies PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2015 through 08 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date 09 / 16 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="78506.16"/>	<input type="text" value="78506.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40182.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40834.15"/>	<input type="text" value="356520.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="81016.53"/>	<input type="text" value="435026.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40451.46"/>	<input type="text" value="394461.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40565.07"/>	<input type="text" value="40565.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24887.25	237965.21
(ii) Unitemized .....	5262.59	87760.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30149.84	325726.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10500.00	29500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	40649.84	355226.18
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).....	182.04	1261.01
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.27	33.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40834.15	356520.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40834.15	356520.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	201.46	1711.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	201.46	1711.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	368500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements .....	750.00	23000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40451.46	394461.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40451.46	394461.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40649.84	355226.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40649.84	353976.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	201.46	1711.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	182.04	1261.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19.42	450.54



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Todd E. Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : A93F232F3EA0A4E4BA3E**

Amount of Each Receipt this Period  

30.00
-------

**B. Mr. Todd E. Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : ADD38F9AE682E4AF5923**

Amount of Each Receipt this Period  

30.00
-------

**C. Mr. Thomas Alighieri**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : ABD3200971A3445B7938**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</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: PAGE 8 OF 88  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A2668E768C9D64345849**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Neil Aldredge**

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : AE3FAA119B8D94EDBA94**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Neil Aldredge**

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : AB37B0035CA4046B5B92**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Richard Alleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Director, Network Admin  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 08 / 07 / 2015  
**Transaction ID : AA112747D3CEB483EBC1**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Richard Alleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Director, Network Admin  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 08 / 21 / 2015  
**Transaction ID : AE1C6A9815CE14714A0D**  
 Amount of Each Receipt this Period  
 20.00

**C. Ms. Diane Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Vice President-Personnel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 08 / 28 / 2015  
**Transaction ID : A51B309D969874BCF99C**  
 Amount of Each Receipt this Period  
 65.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 88
<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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Rick A. Arens**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

Name of Employer Occupation  
Auto-Owners Insurance Company Underwriting Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : ADADCFC347E9E449DAB;**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Lisa M Ayotte**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : AD7D21F6D6DF345E68B8**

Amount of Each Receipt this Period  
42.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael D. Baker**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : A1786EE876C0F42E0931**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<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 11 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Kevin Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		28		2015

**Transaction ID : AC01C515673CE4EAE85E**

Amount of Each Receipt this Period  

2015	2016	2017
30.00		

**B. Chris Belcher**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
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FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Mutual Insurance Company	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.90**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		25		2015

**Transaction ID : A888076C53259458DBE9**

Amount of Each Receipt this Period  

2015	2016	2017
66.66		

**C. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer Frankenmuth Mutual Insurance Company	Occupation Chairman & CEO
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1989.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		14		2015

**Transaction ID : A183493F0DF6F4061B96**

Amount of Each Receipt this Period  

2015	2016	2017
117.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>213.66</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 12 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2106.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : AD09F2C6D34F045E59CA**  
 Amount of Each Receipt this Period  
 117.00

**B. Mr. William L. Bingle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 219  
 City Sublimity State OR Zip Code 97385-0219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sublimity Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A0BFD2E4EE4F04FCF9FD**  
 Amount of Each Receipt this Period  
 300.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : A5456855865E54B4AB8A**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 717.00  
**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 13 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Don W. Blackwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Market St  
 Ste 1200  
 City Philadelphia State PA Zip Code 19103-7008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Lumbermens Mutual Insurance Co Occupation Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.00**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : A915F3CEDE6E44E29B84**  
 Amount of Each Receipt this Period **200.00**

**B. Mr. Gary Brost**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Main St  
 City Buffalo State NY Zip Code 14202-4104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Merchants Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : A0C51EE6AC033460C9FF**  
 Amount of Each Receipt this Period **500.00**

**C. Ms. Tina Brumley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 28 / 2015**  
**Transaction ID : A2DCA357BDC524D7AA61**  
 Amount of Each Receipt this Period **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Stephen Buell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 28 / 2015**  
**Transaction ID : A30F42E849DD04A378B3**  
 Amount of Each Receipt this Period **250.00**

**B. Ms. Carmen Canavan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW Ste 540  
 City Washington State DC Zip Code 20001-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation PAC Coordinator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 25 / 2015**  
**Transaction ID : ABFC60DCB97D7474CA17**  
 Amount of Each Receipt this Period **250.00**

**C. Ms. Ginny Caro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **624.90**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : A39B416EF0DC74696B0A**  
 Amount of Each Receipt this Period **41.66**

**SUBTOTAL** of Receipts This Page (optional)..... **316.66**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 88
<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Ginny Caro</b>		Date of Receipt 08 / 21 / 2015 <b>Transaction ID : A7E5B1987824A4D0E8CE</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.66
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.56	

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles M. Chamness</b>		Date of Receipt 08 / 10 / 2015 <b>Transaction ID : A58EE67A6C5D747D6A93</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 90.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles M. Chamness</b>		Date of Receipt 08 / 21 / 2015 <b>Transaction ID : A84C2B15747A64023A35</b>
Mailing Address PO Box 68700		Amount of Each Receipt this Period 90.00
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1530.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.66
<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 17 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Jeff Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Pittsburgh B  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 28 / 2015**  
**Transaction ID : A8807AFD6F4E2415DAC6**  
 Amount of Each Receipt this Period **25.00**

**B. Mr. David N. Cote Esq., AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Corporate Secretary, NE Division Manag  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 07 / 2015**  
**Transaction ID : AD1EAB3CFED6648DD98C**  
 Amount of Each Receipt this Period **20.00**

**c. Mr. David N. Cote Esq., AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Corporate Secretary, NE Division Manag  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : A198036418C344611A5E**  
 Amount of Each Receipt this Period **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Mr. Dan DeArment PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 646

City Bedford	State PA	Zip Code 15522-0646
-----------------	-------------	------------------------

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

Name of Employer Friends Cove Mutual Insurance Company	Occupation President/CEO
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : A812AA998254B4964A22**

Amount of Each Receipt this Period  
 250.00

**B. Mr. David DeGeorge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer CopperPoint Mutual Insurance Company	Occupation Application Development Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A65AE1833104E4EE6B6B**

Amount of Each Receipt this Period  
 20.83

**C. Mr. David DeGeorge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer CopperPoint Mutual Insurance Company	Occupation Application Development Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : ACCF1912D782749ABBC7**

Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.66
<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 19 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Rick DeGraw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St  
City Phoenix State AZ Zip Code 85012-3074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President & Chief Admin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 624.90

Date of Receipt 08 / 07 / 2015  
Transaction ID : **A67C652117D4D45B3AE9**  
Amount of Each Receipt this Period 41.66

**B. Mr. Rick DeGraw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St  
City Phoenix State AZ Zip Code 85012-3074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President & Chief Admin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 666.56

Date of Receipt 08 / 21 / 2015  
Transaction ID : **A48D4976107DE425E8A2**  
Amount of Each Receipt this Period 41.66

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

Date of Receipt 08 / 10 / 2015  
Transaction ID : **ABDC96E9869B94A898ED**  
Amount of Each Receipt this Period 43.48

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.80  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert Detlefsen PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.16	

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : A3B6238DB69E84A52B0A**

Amount of Each Receipt this Period  
43.48

**B. Mr. Charles W. Drier**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3337

City Peoria	State IL	Zip Code 61612-3337
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : A70A629F3666E423899E**

Amount of Each Receipt this Period  
75.00

**C. Mr. Randall K. Druvenga PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 385

City Denver	State IA	Zip Code 50622-0385
FEC ID number of contributing federal political committee. C		
Name of Employer First Maxfield Mutual Insurance Associ	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
08 / 31 / 2015  
**Transaction ID : AFFE551249CF34919911**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	243.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Gregg A. Dykstra J.D.</b>		Date of Receipt
Mailing Address 3601 Vincennes Rd		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268-1154
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A9E40209F39314F3B8AB</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Chief Operating Officer	<input type="text" value="96.16"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1538.56"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Gregg A. Dykstra J.D.</b>		Date of Receipt
Mailing Address 3601 Vincennes Rd		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268-1154
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A32E19A4F380449009FA</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Chief Operating Officer	<input type="text" value="96.16"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1634.72"/>	

Full Name (Last, First, Middle Initial) <b>c. Mr. Fred A. Edmond CPCU, CIC</b>		Date of Receipt
Mailing Address 1 Mutual Ave		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Frankenmuth	MI	48787-1000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2A0D64D400A34BE494F</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Frankenmuth Mutual Insurance Company	President & COO	<input type="text" value="77.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1309.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="269.32"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 1386.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : AE8C39661EA3842759E6**

Amount of Each Receipt this Period 77.00

**B. Mr. Andrew M. Eriksen**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : A0C520E5FFF6C464D954**

Amount of Each Receipt this Period 100.00

**C. Mr. Mark H. Ewert**  
Full Name (Last, First, Middle Initial)

Mailing Address 20935 Swenson Dr Ste 200

City Waukesha State WI Zip Code 53186-2057

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

Name of Employer Partners Mutual Insurance Company Occupation Executive Vice President, Treasurer &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 08 / 07 / 2015  
**Transaction ID : AC40515DEBEA4499681E**

Amount of Each Receipt this Period 110.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 287.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3554

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

Name of Employer Occupation  
Harford Mutual Insurance Company Vice President, Chief Information Offi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **749.98**

Date of Receipt  
08 / 04 / 2015  
**Transaction ID : AE45CBA7E6BE74993A25**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael L. Faron CPCU**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

Name of Employer Occupation  
Norfolk & Dedham Mutual Fire Insurance Business Unit Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : AB316C7D1277F4AA1BCC**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**c. Mr. Michael L. Faron CPCU**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

Name of Employer Occupation  
Norfolk & Dedham Mutual Fire Insurance Business Unit Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : A5DF877AD7F0147EFBB9**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>163.33</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 24 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Douglas P. Fincannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 717

City Graham	State NC	Zip Code 27253-0717
FEC ID number of contributing federal political committee. C		
Name of Employer Alamance Farmers' Mutual Insurance Com	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
08 / 10 / 2015  
**Transaction ID : AF15D403E2A894688AA0**

Amount of Each Receipt this Period  
250.00

**B. Mr. Jerome Fischer**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 219

City Sublimity	State OR	Zip Code 97385-0219
FEC ID number of contributing federal political committee. C		
Name of Employer Sublimity Insurance Company	Occupation Vice Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : A0D78C22A46BB4CFAA43**

Amount of Each Receipt this Period  
300.00

**C. Ms. Gayle Fisher**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President-Life Operatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : A2D95A4C9652F40FAB1B**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<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 25 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Brad Fortner PFMM, FMDC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 W Poplar St  
 City Rogers State AR Zip Code 72756-4443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Protective Mutual Insurance Co Occupation Chief Operations Officer/Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 25 / 2015**  
**Transaction ID : A418D7E88BD244680A3F**  
 Amount of Each Receipt this Period **100.00**

**B. Mr. Benjamin Galloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **840.00**

Date of Receipt **08 / 03 / 2015**  
**Transaction ID : A2979334DBD8749449BD**  
 Amount of Each Receipt this Period **40.00**

**c. Mr. Benjamin Galloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **880.00**

Date of Receipt **08 / 25 / 2015**  
**Transaction ID : AF9114A312224913BE5**  
 Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Randy Gerdes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **313.20**

Date of Receipt **08 / 07 / 2015**

**Transaction ID : A9F89D60A88B34AB1B9F**

Amount of Each Receipt this Period **20.88**

**B. Mr. Randy Gerdes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.01**

Date of Receipt **08 / 21 / 2015**

**Transaction ID : AE9E7AF53D9D5447BA84**

Amount of Each Receipt this Period **19.81**

**C. Mr. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 900

City Concord State NH Zip Code 03302-0900

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

Name of Employer Phenix Mutual Fire Insurance Company Occupation President/COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 07 / 2015**

**Transaction ID : A179C212058364621938**

Amount of Each Receipt this Period **187.50**

**SUBTOTAL** of Receipts This Page (optional)..... **228.19**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 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 ▼ 653.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : A6DDA796B39B64BFFA42**  
 Amount of Each Receipt this Period  
 38.47

**B. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 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 ▼ 692.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : AA4F9CF189277435181A**  
 Amount of Each Receipt this Period  
 38.47

**C. Mr. Todd Gill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 219  
 City Sublimity State OR Zip Code 97385-0219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sublimity Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : AB4CF8B41450E4A7B8CA**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 376.94  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Yvette Gonzales**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.90

Date of Receipt 08 / 07 / 2015  
**Transaction ID : A17A762CF90E9482D8C4**

Amount of Each Receipt this Period 41.66

**B. Ms. Yvette Gonzales**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.56

Date of Receipt 08 / 21 / 2015  
**Transaction ID : A22C780E16B564285A3C**

Amount of Each Receipt this Period 41.66

**C. Mr. John Goodin**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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

Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 374.96

Date of Receipt 08 / 04 / 2015  
**Transaction ID : A9C7E2A35D7D44F63865**

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Jimi Grande**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1818.24

Date of Receipt  
08 / 10 / 2015  
**Transaction ID : A6910BAA300804899935**

Amount of Each Receipt this Period  
113.64

**B. Mr. Jimi Grande**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1931.88

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : A45066B5100384B6ABE3**

Amount of Each Receipt this Period  
113.64

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : A422A6DED5C134A4FB5A**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 247.28

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Mr. David Grove**  
Full Name (Last, First, Middle Initial)  
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	Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : A77A56A416B944B06A35**

Amount of Each Receipt this Period  

100.00	100.00	100.00	100.00	100.00
<b>20.00</b>				

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

City	State	Zip Code
Washington	DC	20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : AC1EA6BB8FFCE4917AFA**

Amount of Each Receipt this Period  

100.00	100.00	100.00	100.00	100.00
<b>40.00</b>				

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

City	State	Zip Code
Washington	DC	20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : A7A04535A12AB4B93AD0**

Amount of Each Receipt this Period  

100.00	100.00	100.00	100.00	100.00
<b>40.00</b>				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</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 31 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : AA2FCB9EC3F7042F2A83**

Amount of Each Receipt this Period 30.00

**B. Mr. Fred A. Hannula**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : A89515AED61F04A70BFA**

Amount of Each Receipt this Period 25.00

**C. Mr. R. Michael Hartman**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Eagle Pointe Dr

City Columbia State SC Zip Code 29229-7314

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : A352FEE5A11264905985**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Joseph B. Haswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A08D59552E3FC4180A7D**  
 Amount of Each Receipt this Period  
 20.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : AF647CA648CA542AA8A2**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. James R. Hayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 819  
 City Appleton State WI Zip Code 54912-0819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SECURA Insurance, A Mutual Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : AA70C028E7A2C4CF789E**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<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 33 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. James R. Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 219

City	State	Zip Code
Sublimity	OR	97385-0219

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

Name of Employer	Occupation
Sublimity Insurance Company	Chairman of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : A4366A11DB7C64C6F9BC**

Amount of Each Receipt this Period  

300.00
--------

**B. Mr. Eugene T. Heaney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Vice President of Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : A0D3160F7E9CB4BCCB4D**

Amount of Each Receipt this Period  

75.00
-------

**c. Mr. F. Timothy Hegarty Jr., CPCU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

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

Name of Employer	Occupation
Norfolk & Dedham Mutual Fire Insurance	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : A237E92A5668147C2912**

Amount of Each Receipt this Period  

45.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>420.00</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 34 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. F. Timothy Hegarty Jr., CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 08 / 21 / 2015  
**Transaction ID : A154EBBDEAC0E477B9AC**  
 Amount of Each Receipt this Period 45.00

**B. Ms. Brenda G. Hennenfent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.52

Date of Receipt 08 / 31 / 2015  
**Transaction ID : A044ED37CB671451F9BE**  
 Amount of Each Receipt this Period 250.00

**C. Mr. Mark Hooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : AB803148DF92C4D608E6**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1295.00  
**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 OF 88  
(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. Mr. Mike Horvath CPCU**  
 Full Name (Last, First, Middle Initial)  
 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 Vice President-Human Resources  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : AF25B1CCF43BD43E6891**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Mike Horvath CPCU**  
 Full Name (Last, First, Middle Initial)  
 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 Vice President-Human Resources  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : A56597847093747BAB49**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Timothy R. Hyle CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Vice President, Finance & Risk Managem  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : A164BC7AAC8294D44B42**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. M. Byrd Inskip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 58  
 City Waterford State VA Zip Code 20197-0058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loudoun Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : AB44F68B2EE114238884**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms. Theresa Jakubick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : AC8325E7380424228A17**  
 Amount of Each Receipt this Period  
 20.00

**C. Ms. Theresa Jakubick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : A71C5099C4B37498086D**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<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 37 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Lee A. Janis III**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 31 / 2015  
**Transaction ID : AA3B0647B72AF44D2B88**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Rick Jones**

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company Executive Vice President, COO & Presid

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.05

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : A57A8C6FB57A74D5D8BF**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**C. Mr. Rick Jones**

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company Executive Vice President, COO & Presid

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : AEAC4FF47C9864E35889**

Amount of Each Receipt this Period  
41.59

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 333.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Jon Jorgensen**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : AABBAE3EF40C54C90808**

Amount of Each Receipt this Period **35.00**

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

Mailing Address 247 Tarhe Trl

City Upper Sandusky State OH Zip Code 43351-8700

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

Name of Employer Wyandot Mutual Insurance Company Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 17 / 2015**

**Transaction ID : A68C120CAE7264706A78**

Amount of Each Receipt this Period **250.00**

**C. Mr. Thomas Karol**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **727.36**

Date of Receipt **08 / 10 / 2015**

**Transaction ID : AA72CB46FBCE74F608FA**

Amount of Each Receipt this Period **45.46**

**SUBTOTAL** of Receipts This Page (optional)..... **330.46**

**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 39 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Thomas Karol**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **772.82**

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : A3F2F1AE6C6154E0AA4A**

Amount of Each Receipt this Period  
**45.46**

**B. Ms. Pamela J. Keeney**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Underwriting & Ins Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
08 / 10 / 2015  
**Transaction ID : A6193F89675C34B05A28**

Amount of Each Receipt this Period  
**15.00**

**C. Ms. Pamela J. Keeney**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Underwriting & Ins Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : A2EB2105330BF4CA2895**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Vice President, Claims  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : A1D60DBDCF7D5452D939**  
 Amount of Each Receipt this Period  
 41.67

**B. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City State Zip Code  
 Frankenmuth MI 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 663.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : A2FDC2D80D49048DBA4D**  
 Amount of Each Receipt this Period  
 39.00

**c. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City State Zip Code  
 Frankenmuth MI 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 702.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : A44023EEF171E46ACBD5**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	119.67
<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 41 OF 88  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Sherry Kidwell**

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  
 United Ohio Insurance Company Manager of Application

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : A666327D016264F54B7C**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sherry Kidwell**

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  
 United Ohio Insurance Company Manager of Application

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

**Transaction ID : A2080790933964433800**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Manager, Home Office Claims

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : A3952E142825A476485F**

Amount of Each Receipt this Period  
 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 88  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Kraig T. Klopfenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Sales/Marketing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : A2983C706378843FF803**  
 Amount of Each Receipt this Period  
 75.00

**B. Mr. Andrew Knudsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City State Zip Code  
 Frankenmuth MI 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President, Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 646.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : AB65152C30247434D9D5**  
 Amount of Each Receipt this Period  
 38.00

**C. Mr. Andrew Knudsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City State Zip Code  
 Frankenmuth MI 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President, Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : A47EB0D8C1DA54EB59AE**  
 Amount of Each Receipt this Period  
 38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 151.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Mitch Lawens**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer: Auto-Owners Insurance Company Occupation: Manager - Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **08 / 28 / 2015**

**Transaction ID : A1EBD48BC08804733BF7**

Amount of Each Receipt this Period: **25.00**

**B. Ms. Theresa Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt: **08 / 06 / 2015**

**Transaction ID : A8A337BC463D9489D99F**

Amount of Each Receipt this Period: **41.66**

**C. Mr. Steven D. Linkous**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.02**

Date of Receipt: **08 / 04 / 2015**

**Transaction ID : ABAA4298BBEFA4D4B83A**

Amount of Each Receipt this Period: **208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>274.99</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 44 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Roger Looyenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 18 / 2015**  
**Transaction ID : A7CF49E62D2C2431EA3B**  
 Amount of Each Receipt this Period **500.00**

**B. Mr. Brian D. Lopata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 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 SVP, Profit Center Operations & Custom  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **680.00**

Date of Receipt **08 / 10 / 2015**  
**Transaction ID : AE3CB76DB5C2C4720AEC**  
 Amount of Each Receipt this Period **120.00**

**C. Mr. Jeffrey Lopata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 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 Manager - Commercial Lines E-Business  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **653.99**

Date of Receipt **08 / 10 / 2015**  
**Transaction ID : A6BE7ECD3A47E4E8A9D5**  
 Amount of Each Receipt this Period **115.41**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>735.41</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 45 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Mike H. Lovelady**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.50

Date of Receipt 08 / 28 / 2015  
**Transaction ID : AD830091C3E0C4EA5925**  
 Amount of Each Receipt this Period 22.50

**B. Stephen B. Lubbering**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President-Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 08 / 25 / 2015  
**Transaction ID : A66495EA7E1E94F65826**  
 Amount of Each Receipt this Period 75.00

**C. Mr. Kevin Lucke CPCU, AIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 219  
 City Sublimity State OR Zip Code 97385-0219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sublimity Insurance Company Occupation Senior Vice President Marketing and Un  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2015  
**Transaction ID : A48F4512CDD97417E9AB**  
 Amount of Each Receipt this Period 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	397.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : A9BA0326FB75A47DEAAE**

Amount of Each Receipt this Period **41.67**

**B. Mr. John F. Marazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

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 Vice President and Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **08 / 17 / 2015**

**Transaction ID : AB4EDA632C20A48CBB5E**

Amount of Each Receipt this Period **20.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : AED4D4BB694BF4F6EA37**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **161.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mrs. Stacey Matteson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Bragaw St  
Ste 100

City Anchorage State AK Zip Code 99508-3471

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

Name of Employer Umialik Insurance Company Occupation Director of Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **08 / 03 / 2015**

**Transaction ID : ABBB1987DF0A14AC7880**

Amount of Each Receipt this Period **40.00**

**B. Ms. Lori McAllister**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 17 / 2015**

**Transaction ID : A335A9C8EE25A41FA9C1**

Amount of Each Receipt this Period **500.00**

**C. Mr. Phil McCain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **653.99**

Date of Receipt **08 / 14 / 2015**

**Transaction ID : AD35D8ECFB9D045559D8**

Amount of Each Receipt this Period **38.47**

**SUBTOTAL** of Receipts This Page (optional)..... **578.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Phil McCain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ave  
City Frankenmuth State MI Zip Code 48787-1000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 28 / 2015  
**Transaction ID : AF737F6820E804BEFA31**  
Amount of Each Receipt this Period 38.47

**B. S.H. McCullough**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 244017  
City Montgomery State AL Zip Code 36124-4017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation RVP - Montgomery Region  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : AE21E1A760FE04FE88F2**  
Amount of Each Receipt this Period 25.00

**C. Ms. Sherry L. McKenzie AAM, AIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909-8160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : AC55FC25A3BF54A3A9E2**  
Amount of Each Receipt this Period 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 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 ▼ 654.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : A13435DC0E3354A20A3A**  
 Amount of Each Receipt this Period  
 38.50

**B. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 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 ▼ 693.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : A1CC528A948C54BDE942**  
 Amount of Each Receipt this Period  
 38.50

**C. Mr. Scott A. Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP - Personal Lines Auto  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : AFAC1BEEB4AF14FBFACI**  
 Amount of Each Receipt this Period  
 45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.00
<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 50 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Wayne Micksch**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 819  
City Appleton State WI Zip Code 54912-0819  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SECURA Insurance, A Mutual Company Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 03 / 2015  
Transaction ID : **A4A58D96F5166447E95D**  
Amount of Each Receipt this Period 250.00

**B. Mr. David Middleton**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700  
City Indianapolis State IN Zip Code 46268-0700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 640.00

Date of Receipt 08 / 10 / 2015  
Transaction ID : **A2AB4426EB2A64EB68D7**  
Amount of Each Receipt this Period 40.00

**C. Mr. David Middleton**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700  
City Indianapolis State IN Zip Code 46268-0700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 680.00

Date of Receipt 08 / 21 / 2015  
Transaction ID : **A42BA618647DC44918CD**  
Amount of Each Receipt this Period 40.00

**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 51 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Dona L. Mohr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1725 Hopley Ave

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 Assistant Vice President-Quality Servi
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : A62023DE3E251435287F**

Amount of Each Receipt this Period  

45.00
-------

**B. Ms. Dona L. Mohr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : AE62755C40D304ADFA37**

Amount of Each Receipt this Period  

45.00
-------

**C. Ms. Carolyn B. Muller**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : A6CE0A21D99D140069FE**

Amount of Each Receipt this Period  

85.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</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: PAGE 52 OF 88  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Joel P. Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Vice President, Personal Lines & Marke  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A0D9AB9BB7BCD4FF6B1;**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Joel P. Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Vice President, Personal Lines & Marke  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : AE1DB9AE7D8694F5D80A**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Brent Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CopperPoint Mutual Insurance Company Chief Financial Officer & Executive Vi  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A2AE2F984D3DB4D52AED**  
 Amount of Each Receipt this Period  
 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Chief Financial Officer & Executive Vi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2015  
**Transaction ID : A6F3E38313AD14FB0989**

Amount of Each Receipt this Period 20.68

**B. Mr. Daniel Neufelder**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 819

City Appleton State WI Zip Code 54912-0819

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

Name of Employer SECURA Insurance, A Mutual Company Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : A124AA6680F68495D9DB**

Amount of Each Receipt this Period 250.00

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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

Name of Employer Harford Mutual Insurance Company Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : AB92FF3F70030422692B**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 354.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 88
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Paul Otto</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2015 <b>Transaction ID : A058F0A5957E44E5EB8A</b>
Mailing Address PO Box 30660		Amount of Each Receipt this Period 390.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C	Name of Employer Auto-Owners Insurance Company	Occupation Vice President, Financial Accounting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Scott T. Palmer</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 <b>Transaction ID : A9198F46185284F449DF</b>
Mailing Address PO Box 30660		Amount of Each Receipt this Period 250.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C	Name of Employer Auto-Owners Insurance Company	Occupation Senior Underwriter
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Ms. Sandra G. Parrillo CPCU</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2015 <b>Transaction ID : AF0B3BE64204B46D5B1E</b>
Mailing Address PO Box 6066		Amount of Each Receipt this Period 90.00
City Providence	State RI	Zip Code 02940-6066
FEC ID number of contributing federal political committee. C	Name of Employer Providence Mutual Fire Insurance Compa	Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<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 55 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ms. Christy Payne**  
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Executive Center Dr  
Ste 200

City Austin State TX Zip Code 78731-1693

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

Name of Employer Columbia Mutual Insurance Company Occupation Commercial Lines Underwriting Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 25 / 2015  
**Transaction ID : AA8F5D56EB37D412EA55**

Amount of Each Receipt this Period 300.00

**B. Ms. Cheri Pero**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : AE7471179266F44198B5**

Amount of Each Receipt this Period 250.00

**C. Ms. Andrea I. Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : A5B7BFD45AF394630813**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 88
	<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. Ms. Mary S. Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **524.97**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : A2AC17AC66F754EB0BD5**

Amount of Each Receipt this Period **58.33**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Human Resources Professional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : A4E5CFADDEF1A4B0ABBI**

Amount of Each Receipt this Period **35.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : A00267A11125C4453B77**

Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **123.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Lee Rademacher</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AD694932F909B4919B61</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Assistant Vice President-Commercial Li	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Theodore Reinbold</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A084DB33FFAA94262929</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	AVP, Commercial Lines Underwriting	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jonathan R. Riekse</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A5B01E6BB45E14446BEF</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Senior Vice President, Personal Lines	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="749.97"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="513.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 58 OF 88  
(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. Mr. Jeff Rink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Vice President of Marketing and Busine  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : A1AA8EE36522446F5B93**  
 Amount of Each Receipt this Period  
 41.67

**B. Mr. Rodney J. Rupp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City State Zip Code  
 Lansing MI 48917-3968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Executive Vice President, Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : A05FC271B9E5A4484A21**  
 Amount of Each Receipt this Period  
 750.00

**C. Mr. Eric P. Schmader PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 84  
 City State Zip Code  
 Marble PA 16334-0084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Farmers Mutual Fire Insurance Company CFO & Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : A39DB202ED9A94362923**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1041.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 88  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President, Commercial Unde  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : AC7A3D302608C4FC5B54**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. James C. Schumacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Director - Agency Systems  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : A0089F06437CC4DE4AE7**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. Richard Schumacher PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 168  
 City State Zip Code  
 Hartley IA 51346-0168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Century Mutual Insurance Association President/Treasurer/CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : A1A039329BAF04043B27**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 342.00  
**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 60 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Frederick Schunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : A10148D88478A4ED9A7D**  
 Amount of Each Receipt this Period  
 41.67

**B. Mr. Paul Sells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Market St Ste 1200  
 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 Compensation Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : A5AB3FC95FC4945A8877**  
 Amount of Each Receipt this Period  
 12.00

**c. Ms. Phyllis Senseman LUTCF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A0C4A85CF47C341B4B46**  
 Amount of Each Receipt this Period  
 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 74.51  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Phyllis Senseman LUTCF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 21 / 2015  
**Transaction ID : AD7DDA047535F44B59C8**  
 Amount of Each Receipt this Period 20.68

**B. Mr. Gregory Shell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : ACC19D8BBDE3046D8B7D**  
 Amount of Each Receipt this Period 500.00

**C. Mr. Ronald Simon FLMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : AFE372128263846D4AA7**  
 Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3020.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Donald A. Smith Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : A5B24E4B9D2374DFC8B9**

Amount of Each Receipt this Period  
105.00

**B. Mr. Donald A. Smith Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1680.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A6F1EBBC91D394BA1A1E**

Amount of Each Receipt this Period  
105.00

**C. Mr. John K. Smith CRM, CIC,**

Full Name (Last, First, Middle Initial)  
Mailing Address 2005 Market St  
Ste 1200

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 ▼  
1330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : A46B40E94515643FF9D0**

Amount of Each Receipt this Period  
95.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<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 63 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan Snodgrass</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 <b>Transaction ID : A7379B8ABB9854788B94</b>
Mailing Address 6101 Anacapi Blvd		Amount of Each Receipt this Period 300.00
City Lansing	State MI	Zip Code 48917-3968
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Irica Solomon</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2015 <b>Transaction ID : A06F938AC012E459790C</b>
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 45.46
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President of Federal and Politica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 727.36	

Full Name (Last, First, Middle Initial) <b>C. Ms. Irica Solomon</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2015 <b>Transaction ID : A62A9CE78D4D44FC8AC7</b>
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 45.46
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President of Federal and Politica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.82	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.92
<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 64 OF 88  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven C. Speicher**

Mailing Address **PO Box 30660**

City <b>Lansing</b>	State <b>MI</b>	Zip Code <b>48909-8160</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>Auto-Owners Insurance Company</b>	Occupation <b>Regional Vice President - Forest Regio</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : A9DC575A0BA7849EAB57**

Amount of Each Receipt this Period  

90.00
-------

**50.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Kristen Spriggs**

Mailing Address **PO Box 68700**

City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46268-0700</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>National Association of Mutual Insuran</b>	Occupation <b>Vice President - Member Development</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : A7FCA84888D8247D0A2A**

Amount of Each Receipt this Period  

20.00
-------

**20.00**

Full Name (Last, First, Middle Initial)  
**c. Ms. Kristen Spriggs**

Mailing Address **PO Box 68700**

City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46268-0700</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>National Association of Mutual Insuran</b>	Occupation <b>Vice President - Member Development</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : A1499C289008443ABBD5**

Amount of Each Receipt this Period  

20.00
-------

**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 65 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : A8A55E4E0B61941EB8B2**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : AC251674F4B6049578A6**

Amount of Each Receipt this Period  
20.00

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

Mailing Address PO Box 300

City Orrville State OH Zip Code 44667-0300

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

Name of Employer Mennonite Mutual Insurance Company Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 04 / 2015  
**Transaction ID : AEFDFCAF5E58AB41C1953**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 66 OF 88  
(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. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAMIC Insurance Company, Inc. President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1538.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : A481914010EE645BFB5E**  
 Amount of Each Receipt this Period  
 96.15

**B. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAMIC Insurance Company, Inc. President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1634.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : A54BC11C39953496EA1E**  
 Amount of Each Receipt this Period  
 96.15

**C. Mr. Terry Suttner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Mutual Insuran Vice President - Membership/Insurance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : A5FC75FA6F1A94D81AF6**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 67 OF 88  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Terry Suttner**

Mailing Address PO Box 68700

City Indianapolis      State IN      Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran  
 Occupation Vice President - Membership/Insurance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2015**

**Transaction ID : AEF73025C89F64D9CA73**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address PO Box 30660

City Lansing      State MI      Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company  
 Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 28 / 2015**

**Transaction ID : AC24B624D91D046B5A44**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address PO Box 68700

City Indianapolis      State IN      Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran  
 Occupation State & Policy Affairs Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2015**

**Transaction ID : AD7171978ECA44283B81**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.00**

**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 68 OF 88  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

Name of Employer Occupation  
 National Association of Mutual Insuran State & Policy Affairs Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : AD9D60F90FD044F979A4**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel J. Thelen**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President of Human Resourc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : AC57EFEF5EB854B9EB28**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : A42D6A01102E544FA9B6**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Date of Receipt  
08 / 21 / 2015  
Transaction ID : A19ECC3F79F17426D9E9

Amount of Each Receipt this Period  
40.00

**B. Mr. Bruce D. Thomas PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511-0594
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Mutual Insurance Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Date of Receipt  
08 / 17 / 2015  
Transaction ID : A260485C246ED43D8B26

Amount of Each Receipt this Period  
200.00

**C. Mr. David Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8400 N Via Mia

City Scottsdale	State AZ	Zip Code 85258-2864
FEC ID number of contributing federal political committee. C		
Name of Employer SECURA Insurance, A Mutual Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
08 / 06 / 2015  
Transaction ID : AC4B0A0D76BEB4F23931

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<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 70 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer: Columbia Mutual Insurance Company Occupation: President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt: **08 / 03 / 2015**

**Transaction ID : AF829A916C76F45719CC**

Amount of Each Receipt this Period: **200.00**

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer: Columbia Mutual Insurance Company Occupation: President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt: **08 / 25 / 2015**

**Transaction ID : A5803D04724A5460796C**

Amount of Each Receipt this Period: **300.00**

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ **663.00**

Date of Receipt: **08 / 14 / 2015**

**Transaction ID : A482A4EF3A4684E39AD9**

Amount of Each Receipt this Period: **39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>539.00</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 71 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Randall Trinklein</b>		Date of Receipt
Mailing Address 1 Mutual Ave		M M / D D / Y Y Y Y Y Y 08 / 28 / 2015
City	State	Zip Code
Frankenmuth	MI	48787-1000
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A7C0FF70BB17B483D939</b>
Name of Employer Frankenmuth Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President of Administration		39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	702.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Andy L. Trower CPCU</b>		Date of Receipt
Mailing Address PO Box 219		M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
City	State	Zip Code
Sublimity	OR	97385-0219
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : AA545782F0EE74F83A5C</b>
Name of Employer Sublimity Insurance Company		Amount of Each Receipt this Period
Occupation President and CEO		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	800.00	

Full Name (Last, First, Middle Initial) <b>c. Mr. Andy L. Trower CPCU</b>		Date of Receipt
Mailing Address PO Box 219		M M / D D / Y Y Y Y Y Y 08 / 11 / 2015
City	State	Zip Code
Sublimity	OR	97385-0219
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A2021E39AD3D7436EB19</b>
Name of Employer Sublimity Insurance Company		Amount of Each Receipt this Period
Occupation President and CEO		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	539.00
<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 72 OF 88  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Aaron J. Valentine**

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Senior Vice President, Treasurer & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2015**

**Transaction ID : A8ABC0BFF534A4029B38**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 28 / 2015**

**Transaction ID : AC0EBB5E044514BE9874**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 28 / 2015**

**Transaction ID : A5A0FD1130361496AB4B**

Amount of Each Receipt this Period  
**70.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</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 73 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Mark Wenger**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President and Chief P&C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : A91C8B4C5CCF044938E9**

Amount of Each Receipt this Period  
84.00

**B. Mr. Richard T. Wheeler**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
08 / 03 / 2015  
**Transaction ID : A262768EE22674183949**

Amount of Each Receipt this Period  
250.00

**C. Mr. Scott S. Wilder**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
08 / 31 / 2015  
**Transaction ID : A51CC6063806C4A06B26**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	634.00
<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 74 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Julie Wilkinson</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.		<b>Transaction ID : A17B0B709FC4C4DD194C</b>
Name of Employer		Amount of Each Receipt this Period
Auto-Owners Insurance Company		<input type="text" value="250.00"/>
Occupation		
Assistant Vice President, IT		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Noel A. Williams</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		<b>Transaction ID : A77E0101604F649DA849</b>
Name of Employer		Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company		<input type="text" value="20.83"/>
Occupation		
Vice President of Underwriting		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="312.45"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Noel A. Williams</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		<b>Transaction ID : A737D703F71B74ACEAFF</b>
Name of Employer		Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company		<input type="text" value="20.83"/>
Occupation		
Vice President of Underwriting		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="333.28"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="291.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Daniel Witt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **08 / 07 / 2015**

**Transaction ID : A218AB84DED4C48BA9C4**

Amount of Each Receipt this Period **21.00**

**B. Mr. Daniel Witt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **08 / 21 / 2015**

**Transaction ID : AE38BC479EA494214B1E**

Amount of Each Receipt this Period **21.00**

**C. Mr. William Woodbury**  
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3968

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

Name of Employer Auto-Owners Insurance Company Occupation SVP, Secretary & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **825.03**

Date of Receipt **08 / 28 / 2015**

**Transaction ID : AE43E451CFF434658AF7**

Amount of Each Receipt this Period **91.67**

**SUBTOTAL** of Receipts This Page (optional)..... **133.67**

**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 76 OF 88  
(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)  
**Mr. Jeffrey S. Wrobel Sr.**

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 ▼ **391.66**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2015**

**Transaction ID : A2F1970677FD342188B2**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>24887.25</b>

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

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

FOR LINE NUMBER: PAGE 77 OF 88  
(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**

Full Name (Last, First, Middle Initial)  
**A. Amica Mutual Insurance Company/Fed-Political Action Committee**

Mailing Address PO Box 6008

City State Zip Code  
 Providence RI 02940

FEC ID number of contributing federal political committee. **C C00268987**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 08 / 17 / 2015  
**Transaction ID : A627AA717C13D42978F9**

Amount of Each Receipt this Period  
 3000.00

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

Mailing Address One Nationwide Plaza  
 1-32-301

City State Zip Code  
 Columbus OH 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  
 08 / 27 / 2015  
**Transaction ID : A709A1FE27E0F4641909**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**C. Secura Insurance a Mutual Company PAC (SECURA INS PAC)**

Mailing Address 2401 S. Memorial Drive

City State Zip Code  
 Appleton WI 54915

FEC ID number of contributing federal political committee. **C C00343384**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 08 / 10 / 2015  
**Transaction ID : A737CCACB1C664EE9BAC**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10500.00

**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 78 OF 88
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. NAMIC Administrative Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.01

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015

**Transaction ID : A4964DA98B6AC4849AFE**

Amount of Each Receipt this Period  
182.04

Reimb. of bank fees

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	182.04
<b>TOTAL</b> This Period (last page this line number only).....▶	182.04

**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 79 OF 88
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Chase Bank</b>		Date of Receipt
Mailing Address 8751 N Michigan Rd		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268-3141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AE5B2A2E9026F4F06AD8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2.20"/>
Receipt For:	Aggregate Year-to-Date ▼	Bank Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="33.27"/>	

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Date of Receipt
Mailing Address 8751 N Michigan Rd		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268-3141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : ADB58E5097B1F4D23935</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="0.07"/>
Receipt For:	Aggregate Year-to-Date ▼	Bank Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="33.27"/>	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2.27"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="2.27"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2015

Transaction ID : B9EB22F2FB67545D8976

Amount of Each Disbursement this Period

16.25

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : B920642FFBEAC4964B15

Amount of Each Disbursement this Period

7.95

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : B54F6B80B85A6427B98F

Amount of Each Disbursement this Period

66.63

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

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

90.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2015

**Transaction ID : B63C897571C194FEEB6F**

Amount of Each Disbursement this Period

20.63

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 8751 N Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : B15F1D7611A9B4C63BC1**

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

110.63

201.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Joseph Crowley**

Office Sought:  House  
 Senate  
 President  
State: NY District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : B2F6064BA90A54871A23**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Debbie Wasserman Schultz for Congress**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Debbie Wasserman Schultz**

Office Sought:  House  
 Senate  
 President  
State: FL District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : BCD9EEA318DCE45F18DE**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. HELLERHIGHWATER PAC**

Mailing Address PO BOX 370672

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Other2015

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : BD77F5892315841F1A1E**

Amount of Each Disbursement this Period

5000.00

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

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

9500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824-6041

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jim A. Himes**

Office Sought:  House  
 Senate  
 President  
State: CT District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Conven Election2016

Date of Disbursement

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

**Transaction ID : B0D7B936C26134182AF0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Adam D. Kinzinger**

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : B0F0126EC229545AE990**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. LOU BARLETTA FOR CONGRESS**

Mailing Address P.O. BOX 128

City Hazleton State PA Zip Code 18201-0128

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Lou J. Barletta**

Office Sought:  House  
 Senate  
 President  
State: PA District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : B0D6F3CE6A6AD4589828**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : BCF8651B8E8A342AB8EA**

Amount of Each Disbursement this Period

15000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Ed G. Perlmutter**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : BC9B6A4856643403CADA**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Rob J. Portman**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: OH District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : B893A1057533144B1AAB**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

17000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Israel for Congress**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747-0092

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : BD12BD8FE2E014564843**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. THE GOOD FUND**

Mailing Address PO BOX 3404

City Alexandria State VA Zip Code 22302-0404

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Other2015

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : B3FCB6F35EF6A4969B48**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

**Transaction ID : B7B9F793B73F942B8B3A**

Amount of Each Disbursement this Period

2000.00

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. WALKER 4 NC**

Mailing Address PO BOX 99247

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mark Walker**

Office Sought:  House  
 Senate  
 President  
State: NC District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

**Transaction ID : BE32FFAE EB4184049B25**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

39500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Hottinger**

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055-9614

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : **BF35765C2E4E3401193D**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jason Shaw**

Mailing Address P.O. Box 245

City Lakeland State GA Zip Code 31635-0245

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2015

Transaction ID : **B42F2A61A470B4864A30**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Dempsey for Missouri**

Mailing Address Two Westbury Drive

City Saint Charles State MO Zip Code 63301-2558

Purpose of Disbursement  
VOID - Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : **B29D87E79C82E4BF9BED**

Amount of Each Disbursement this Period

-1000.00

Category/  
Type

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

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

500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. GOP HOUSE FUTURE PAC**

Mailing Address 300 East Blaine Avenue

City Gettysburg State SD Zip Code 57442-1208

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Date of Disbursement

/  /

08 / 04 / 2015

**Transaction ID : BCBD84C9443FD432796E**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

250.00

750.00