

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NAMIC PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 90708.23 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 110070.10 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 20386.50 | 91317.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 130456.60 | 182025.73 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 26497.00 | 78066.13 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 103959.60 | 103959.60 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NAMIC PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 12912.50 | 56959.50 |
| (i) Itemized (use Schedule A) | 6974.00 | 24358.00 |
| (ii) Unitemized | 19886.50 | 81317.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 500.00 | 10000.00 |
| (c) Other Political Committees (such as PACs) | 20386.50 | 91317.50 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 20386.50 | 91317.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 20386.50 | 91317.50 |

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) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 197.00 | 766.13 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 197.00 | 766.13 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 26300.00 | 77300.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 26497.00 | 78066.13 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 26497.00 | 78066.13 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 20386.50 | 91317.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 20386.50 | 91317.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 197.00 | 766.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 197.00 | 766.13 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R6890 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Aggregate Year-to-Date ▼ 410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R6924 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Aggregate Year-to-Date ▼ 410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R6965 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Aggregate Year-to-Date ▼ 410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R6988 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Aggregate Year-to-Date ▼ 410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R7050 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Aggregate Year-to-Date ▼ 410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R7085 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Aggregate Year-to-Date ▼ 410.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Bart Anderson | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road PO Box 68700 | | Transaction ID: R7193 |
| City Indianapolis State IN Zip Code 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Senior VP - Member Svcs/Communications | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 410.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Herman J. Arends | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 30660 | | Transaction ID: R7035 |
| City Lansing State MI Zip Code 48909-8160 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Auto-Owners Insurance Company Occupation Chairman | 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) C. Mr. James E. Baes | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 30660 | | Transaction ID: R6951 |
| City Lansing State MI Zip Code 48909-8160 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| 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 ▼ 250.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 370.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mr. Larry A. Bray | | Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006 |
| Mailing Address PO Box 863 | | Transaction ID: R6878 |
| City Elkhorn | State WI | Zip Code 53121-0863 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Sugar Creek Mutual Insurance Company | Occupation Manager | Check |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Marliiss Browder | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 5290 Duke Street | | Transaction ID: R6892 |
| City Alexandria | State VA | Zip Code 22304 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer NAMIC | Occupation Federal Affairs Representative | Manual Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Marliiss Browder | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 5290 Duke Street | | Transaction ID: R6926 |
| City Alexandria | State VA | Zip Code 22304 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer NAMIC | Occupation Federal Affairs Representative | Manual Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Marliss Browder | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 | |
| Mailing Address 5290 Duke Street | | Transaction ID: R6967 | |
| City State Zip Code Alexandria VA 22304 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC Occupation Federal Affairs Representative | Aggregate Year-to-Date ▼ 400.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Marliss Browder | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 | |
| Mailing Address 5290 Duke Street | | Transaction ID: R6990 | |
| City State Zip Code Alexandria VA 22304 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC Occupation Federal Affairs Representative | Aggregate Year-to-Date ▼ 400.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Marliss Browder | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 | |
| Mailing Address 5290 Duke Street | | Transaction ID: R7052 | |
| City State Zip Code Alexandria VA 22304 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC Occupation Federal Affairs Representative | Aggregate Year-to-Date ▼ 400.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Marliss Browder | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address 5290 Duke Street | | Transaction ID: R7087 |
| City State Zip Code Alexandria VA 22304 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Federal Affairs Representative | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Marliss Browder | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 5290 Duke Street | | Transaction ID: R7196 |
| City State Zip Code Alexandria VA 22304 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Federal Affairs Representative | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Thaddeus (Ted) J. Buda, Jr. | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 |
| Mailing Address PO Box 30660 | | Transaction ID: R7024 |
| City State Zip Code Lansing MI 48909-8160 | Amount of Each Receipt this Period 350.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Auto-Owners Insurance Company Occupation First VP, Secretary & General Counsel | Aggregate Year-to-Date ▼ 350.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 390.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Charles M. Chamness | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 527 W 46th Street | | Transaction ID: R6893 |
| City State Zip Code Indianapolis IN 46208-3605 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC President | Aggregate Year-to-Date ▼ 1456.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Charles M. Chamness | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 527 W 46th Street | | Transaction ID: R6927 |
| City State Zip Code Indianapolis IN 46208-3605 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC President | Aggregate Year-to-Date ▼ 1456.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Charles M. Chamness | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 527 W 46th Street | | Transaction ID: R6968 |
| City State Zip Code Indianapolis IN 46208-3605 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC President | Aggregate Year-to-Date ▼ 1456.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 225.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Charles M. Chamness | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 527 W 46th Street | | Transaction ID: R6991 |
| City Indianapolis State IN Zip Code 46208-3605 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation President | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 1456.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Charles M. Chamness | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 |
| Mailing Address 527 W 46th Street | | Transaction ID: R7053 |
| City Indianapolis State IN Zip Code 46208-3605 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation President | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 1456.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Charles M. Chamness | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 527 W 46th Street | | Transaction ID: R7088 |
| City Indianapolis State IN Zip Code 46208-3605 | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation President | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 1456.00 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 225.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

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

Mailing Address 527 W 46th Street

City Indianapolis State IN Zip Code 46208-3605

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

Name of Employer NAMIC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1456.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: R7197

Amount of Each Receipt this Period
 75.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Gregg L. Cornell

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Director of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2006

Transaction ID: R6948

Amount of Each Receipt this Period
 250.00

Check

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

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

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

Name of Employer NAMIC Occupation Public Policy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2006

Transaction ID: R6894

Amount of Each Receipt this Period
 20.00

Manual Deduction

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 345.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Robert Detlefsen | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R6929 |
| City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Public Policy Director | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert Detlefsen | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R6970 |
| City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Public Policy Director | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Robert Detlefsen | | Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006 |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R6993 |
| City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Public Policy Director | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Robert Detlefsen | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R7055 |
| City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Public Policy Director | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Robert Detlefsen | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R7090 |
| City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Public Policy Director | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Robert Detlefsen | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R7199 |
| City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation Public Policy Director | Aggregate Year-to-Date ▼ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R6895 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Vice President - Internal Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R6930 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Vice President - Internal Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R6971 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Vice President - Internal Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R6994 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Vice President - Internal Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R7056 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Vice President - Internal Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R7091 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Vice President - Internal Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | 60.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Gregg A. Dykstra | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 1838 Arrowwood Drive | | Transaction ID: R7200 |
| City State Zip Code Carmel IN 46033-9020 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Vice President - Internal Operations | Aggregate Year-to-Date 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Richard C. Ewert | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 |
| Mailing Address 20920 Bramblewood Trail | | Transaction ID: R7185 |
| City State Zip Code Brookfield WI 53045 | Amount of Each Receipt this Period 80.00 | |
| FEC ID number of contributing federal political committee. C | Cash | |
| Name of Employer Occupation Partners Mutual Insurance Company President | Aggregate Year-to-Date 680.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Gayle A. Fisher | | Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006 |
| Mailing Address PO Box 320 | | Transaction ID: R6919 |
| City State Zip Code Sweetser IN 46987 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Occupation Auto-Owners Insurance Company Regional Vice President | Aggregate Year-to-Date 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Gary P. Hardy | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 |
| Mailing Address 6251 Morgan Drive | | Transaction ID: R7114 |
| City State Zip Code Olive Branch MS 38654 | Amount of Each Receipt this Period 350.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Home Mutual Fire Insurance Company Occupation Director | Aggregate Year-to-Date ▼ 350.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Marsha Harrison | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 620 Ashford Drive | | Transaction ID: R6896 |
| City State Zip Code Indianapolis IN 46214 | Amount of Each Receipt this Period 12.50 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation State Affairs Representative | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Marsha Harrison | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 620 Ashford Drive | | Transaction ID: R6931 |
| City State Zip Code Indianapolis IN 46214 | Amount of Each Receipt this Period 12.50 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC Occupation State Affairs Representative | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 375.00 |
| TOTAL This Period (last page this line number only) | |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 48 (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Marsha Harrison Mailing Address 620 Ashford Drive City State Zip Code Indianapolis IN 46214 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: R6972 Amount of Each Receipt this Period 12.50 Manual Deduction |
| Name of Employer NAMIC Occupation State Affairs Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Marsha Harrison Mailing Address 620 Ashford Drive City State Zip Code Indianapolis IN 46214 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: R6995 Amount of Each Receipt this Period 12.50 Manual Deduction |
| Name of Employer NAMIC Occupation State Affairs Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Marsha Harrison Mailing Address 620 Ashford Drive City State Zip Code Indianapolis IN 46214 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Transaction ID: R7057 Amount of Each Receipt this Period 12.50 Manual Deduction |
| Name of Employer NAMIC Occupation State Affairs Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 37.50 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Marsha Harrison | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address 620 Ashford Drive | | Transaction ID: R7092 |
| City State Zip Code Indianapolis IN 46214 | Amount of Each Receipt this Period 12.50 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation State Affairs Representative | |
| 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. Ms. Marsha Harrison | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 620 Ashford Drive | | Transaction ID: R7201 |
| City State Zip Code Indianapolis IN 46214 | Amount of Each Receipt this Period 12.50 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation State Affairs Representative | |
| 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) C. Mr. Jeffrey Harrold | | Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 |
| Mailing Address PO Box 30660 | | Transaction ID: R7074 |
| City State Zip Code Lansing MI 48909 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Auto-Owners Insurance Company | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | 275.00 |
| TOTAL This Period (last page this line number only) | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Russell Janecka

Mailing Address 103 Tournament Drive

City State Zip Code
Victoria TX 77904

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

Name of Employer
Germania Farm Mutual Insurance Associa

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R7188

Amount of Each Receipt this Period
65.00

Check

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

Mailing Address PO Box 236

City State Zip Code
Conway AR 72033-0236

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

Name of Employer
Home Mutual Fire Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R7113

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Jo Ann Kuschel, PFMM

Mailing Address 545 Harold H. Meyer Drive

City State Zip Code
New Haven MO 63068-1253

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

Name of Employer
Boeuf & Berger Mutual Insurance Compan

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: R7012

Amount of Each Receipt this Period
500.00

Check

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 815.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Glenn A. Lambert, PFMM | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 | |
| Mailing Address P.O. Box 176 | | Transaction ID: R7110 | |
| City State Zip Code Raynesford MT 59469-0176 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Check | |
| Name of Employer Cascade Farmers Mutual Insurance Compa | | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 620.00 | |

| | | | |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Glenn A. Lambert, PFMM | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 | |
| Mailing Address P.O. Box 176 | | Transaction ID: R7191 | |
| City State Zip Code Raynesford MT 59469-0176 | | Amount of Each Receipt this Period 120.00 | |
| FEC ID number of contributing federal political committee. C | | Check | |
| Name of Employer Cascade Farmers Mutual Insurance Compa | | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 620.00 | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Stan W. McNaughton | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 | |
| Mailing Address 4425 East Lake Goodwin Road | | Transaction ID: R7186 | |
| City State Zip Code Stanwood WA 98292 | | Amount of Each Receipt this Period 60.00 | |
| FEC ID number of contributing federal political committee. C | | Cash | |
| Name of Employer PEMCO Insurance Companies | | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 510.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 680.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 / 48 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 | |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R6899 | |
| City State Zip Code Westfield IN 46074 | | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | | Manual Deduction | |
| Name of Employer Occupation NAMIC Controller | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 412.50 | |

| | | | |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 | |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R6934 | |
| City State Zip Code Westfield IN 46074 | | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | | Manual Deduction | |
| Name of Employer Occupation NAMIC Controller | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 412.50 | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 | |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R6975 | |
| City State Zip Code Westfield IN 46074 | | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | | Manual Deduction | |
| Name of Employer Occupation NAMIC Controller | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 412.50 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 155.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R6998 |
| City State Zip Code Westfield IN 46074 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Controller | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 412.50 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R7060 |
| City State Zip Code Westfield IN 46074 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Controller | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 412.50 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R7095 |
| City State Zip Code Westfield IN 46074 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer Occupation NAMIC Controller | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 412.50 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 45.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. David Middleton | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 16533 Wanatah Trail | | Transaction ID: R7204 |
| City State Zip Code Westfield IN 46074 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Controller | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 412.50 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Paul R. Otto | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 |
| Mailing Address PO Box 30660 | | Transaction ID: R7033 |
| City State Zip Code Lansing MI 48909 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Auto-Owners Insurance Company | Occupation Vice President, Life Operations | |
| 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) C. Mr. Carl M. Parks | | Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006 |
| Mailing Address 1405 Ruffner Road | | Transaction ID: R7009 |
| City State Zip Code Alexandria VA 22302 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer National Association of Mutual Insuran | Occupation Senior Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 2765.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. John A. Paul | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 |
| Mailing Address 40962 Brothers Ave | | Transaction ID: R7187 |
| City State Zip Code Henderson IA 51541-4048 | Amount of Each Receipt this Period 370.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Western Iowa Mutual Insurance Associat | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1120.00 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R6900 |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R6935 |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 | |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R6976 | |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 | |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R6999 | |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 | |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R7061 | |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R7097 |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. David Reddick | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 13400 North White Cloud Court | | Transaction ID: R7206 |
| City State Zip Code Camby IN 46113-8708 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Market Regulation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R6901 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

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|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | 60.00 |
| TOTAL This Period (last page this line number only) | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R6936 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R6977 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R7000 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 32 / 48 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R7062 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R7098 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Justin Roth | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 727 3rd Street NE | | Transaction ID: R7207 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Senior Federal Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | 60.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Kristen Sizelove | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 | |
| Mailing Address 1420 Bayswater Lane | | Transaction ID: R6904 | |
| City State Zip Code Cicero IN 46034 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC | Occupation Director of Membership Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 205.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Kristen Sizelove | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 | |
| Mailing Address 1420 Bayswater Lane | | Transaction ID: R6940 | |
| City State Zip Code Cicero IN 46034 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC | Occupation Director of Membership Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 205.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Kristen Sizelove | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 | |
| Mailing Address 1420 Bayswater Lane | | Transaction ID: R6980 | |
| City State Zip Code Cicero IN 46034 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer NAMIC | Occupation Director of Membership Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 205.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 30.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 48 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |
|--|--|

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--|-------|
| A. Full Name (Last, First, Middle Initial) Ms. Kristen Sizelove Mailing Address 1420 Bayswater Lane City State Zip Code Cicero IN 46034 FEC ID number of contributing federal political committee. C | Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: R7003 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>10.00</td> </tr> </table> Manual Deduction | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 8 | | 2 | 0 | 0 | 6 | | 10.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| | 10.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer NAMIC Occupation Director of Membership Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>205.00</td> </tr> </table> | | 205.00 | | | | | | | | | | | | | | | | | | | | |
| | 205.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--|-------|
| B. Full Name (Last, First, Middle Initial) Ms. Kristen Sizelove Mailing Address 1420 Bayswater Lane City State Zip Code Cicero IN 46034 FEC ID number of contributing federal political committee. C | Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: R7065 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>10.00</td> </tr> </table> Manual Deduction | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 6 | | 10.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| | 10.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer NAMIC Occupation Director of Membership Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>205.00</td> </tr> </table> | | 205.00 | | | | | | | | | | | | | | | | | | | | |
| | 205.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--|-------|
| C. Full Name (Last, First, Middle Initial) Ms. Kristen Sizelove Mailing Address 1420 Bayswater Lane City State Zip Code Cicero IN 46034 FEC ID number of contributing federal political committee. C | Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: R7101 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>10.00</td> </tr> </table> Manual Deduction | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 6 | | 10.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| | 10.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer NAMIC Occupation Director of Membership Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>205.00</td> </tr> </table> | | 205.00 | | | | | | | | | | | | | | | | | | | | |
| | 205.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>30.00</td> </tr> </table> | | 30.00 |
| | 30.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table> | | |
| | | | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Kristen Sizelove | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 1420 Bayswater Lane | | Transaction ID: R7210 |
| City State Zip Code Cicero IN 46034 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | |
| Name of Employer NAMIC | Occupation Director of Membership Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 205.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. John Kevin Smith | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 21 Riverview Drive | | Transaction ID: R6956 |
| City State Zip Code West Trenton NJ 08628-2617 | Amount of Each Receipt this Period 80.00 | |
| FEC ID number of contributing federal political committee. C | Payroll Deduction | |
| Name of Employer Pennsylvania Lumbermens Mutual Insuran | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1720.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. John Kevin Smith | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 |
| Mailing Address 21 Riverview Drive | | Transaction ID: R7040 |
| City State Zip Code West Trenton NJ 08628-2617 | Amount of Each Receipt this Period 80.00 | |
| FEC ID number of contributing federal political committee. C | Payroll Deduction | |
| Name of Employer Pennsylvania Lumbermens Mutual Insuran | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1720.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 170.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

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

Mailing Address 21 Riverview Drive

City State Zip Code
West Trenton NJ 08628-2617

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 ▼
1720.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R7124

Amount of Each Receipt this Period
120.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John Kevin Smith

Mailing Address 21 Riverview Drive

City State Zip Code
West Trenton NJ 08628-2617

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 ▼
1720.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R7189

Amount of Each Receipt this Period
1360.00

Check

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

Mailing Address 722 E. Blue Earth Ave.

City State Zip Code
Fairmont MN 56031

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

Name of Employer Fairmont Farmers Mutual Insurance Comp
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R7112

Amount of Each Receipt this Period
500.00

Check

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1980.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 37 / 48 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | | |
|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Tim Sullivan | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 | |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R6905 | |
| City State Zip Code Indianapolis IN 46268-0700 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer Occupation NAMIC | Aggregate Year-to-Date ▼ 410.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Tim Sullivan | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 | |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R6941 | |
| City State Zip Code Indianapolis IN 46268-0700 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer Occupation NAMIC | Aggregate Year-to-Date ▼ 410.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Tim Sullivan | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 | |
| Mailing Address 3601 Vincennes Road | | Transaction ID: R6981 | |
| City State Zip Code Indianapolis IN 46268-0700 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Manual Deduction | | |
| Name of Employer Occupation NAMIC | Aggregate Year-to-Date ▼ 410.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 38 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NAMIC PAC

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

Mailing Address 3601 Vincennes Road

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer NAMIC Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: R7004

Amount of Each Receipt this Period
20.00

Manual Deduction

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

Mailing Address 3601 Vincennes Road

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer NAMIC Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: R7066

Amount of Each Receipt this Period
20.00

Manual Deduction

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

Mailing Address 3601 Vincennes Road

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer NAMIC Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: R7102

Amount of Each Receipt this Period
20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NAMIC PAC

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

Mailing Address 3601 Vincennes Road

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
NAMIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: R7211

Amount of Each Receipt this Period
20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John E. Trott, Jr.

Mailing Address 507 Coke Street

City State Zip Code
Yoakum TX 77995-4323

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

Name of Employer Occupation
Hochheim Prairie Farm Mutual Insur. As

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: R7109

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Philip R. Warth

Mailing Address 111 North Canal Street Suite 801

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
First Nonprofit Insurance Company President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: R7107

Amount of Each Receipt this Period
1000.00

Check

SUBTOTAL of Receipts This Page (optional) ► 1270.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 48 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. David H. White

Mailing Address 422 W. Highland Drive

City Jonesboro State AR Zip Code 72401

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

Name of Employer Home Mutual Fire Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2006

Transaction ID: R7115

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address 1690 Scherersville Road

City Allentown State PA Zip Code 18104-9779

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

Name of Employer Lehigh Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R6910

Amount of Each Receipt this Period
150.00

Check

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

Mailing Address 1690 Scherersville Road

City Allentown State PA Zip Code 18104-9779

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

Name of Employer Lehigh Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: R7010

Amount of Each Receipt this Period
250.00

Check

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 41 / 48 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Michael A. Yeager | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 |
| Mailing Address 1690 Scherersville Road | | Transaction ID: R7020 |
| City State Zip Code Allentown PA 18104-9779 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Lehigh Mutual Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Michael A. Yeager | | Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 |
| Mailing Address 1690 Scherersville Road | | Transaction ID: R7071 |
| City State Zip Code Allentown PA 18104-9779 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Check | |
| Name of Employer Lehigh Mutual Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | 12912.50 |

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

| | | | | |
|--|------------------------------|---|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 42 / 48 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Grange Mutual Casualty Company PAC

Mailing Address 650 South Front Street

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Columbus | OH | 43206 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: R7083

Amount of Each Receipt this Period
500.00

Check

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. National City Bank | | Transaction ID: D723 Date of Disbursement 07 / 31 / 2006 |
| Mailing Address 1417 W 86th St | | Amount of Each Disbursement this Period 55.00 |
| City Indianapolis | State IN Zip Code 46260 | |
| Purpose of Disbursement Bank Charges | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. National City Bank | | Transaction ID: D767 Date of Disbursement 08 / 31 / 2006 |
| Mailing Address 1417 W 86th St | | Amount of Each Disbursement this Period 55.00 |
| City Indianapolis | State IN Zip Code 46260 | |
| Purpose of Disbursement Bank Charges | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. National City Bank | | Transaction ID: D768 Date of Disbursement 09 / 30 / 2006 |
| Mailing Address 1417 W 86th St | | Amount of Each Disbursement this Period 87.00 |
| City Indianapolis | State IN Zip Code 46260 | |
| Purpose of Disbursement Bank Charges | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 197.00 |
| TOTAL This Period (last page this line number only) ▶ | 197.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 48

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AMERIPAC | | Transaction ID: D766 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006 |
| Mailing Address 499 South Capitol Street SW Suite 414 | | Amount of Each Disbursement this Period 2500.00 |
| City Washington State DC Zip Code 20003 | Category/ Type | |
| Purpose of Disbursement Contr. AMERIPAC | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. BACPAC | | Transaction ID: D760 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2006 |
| Mailing Address 616 E Street NW Number 802 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20004 | Category/ Type | |
| Purpose of Disbursement Contr. BACPAC | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Bachus for Congress | | Transaction ID: D728 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2006 |
| Mailing Address P O Box 59444 | | Amount of Each Disbursement this Period 5000.00 |
| City Birmingham State AL Zip Code 35259 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Spencer Thomas Bachus, III | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 12500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 48

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ben Nelson for US Senate Committee | | Transaction ID: D765 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006 |
| Mailing Address 420 C Street, NE | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20002 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name E. Benjamin Nelson | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bouchard for Senate | | Transaction ID: D759 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2006 |
| Mailing Address PO Box 159 | | Amount of Each Disbursement this Period 500.00 |
| City Royal Oak State MI Zip Code 48068 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Michael Bouchard | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Brown-Waite for Congress | | Transaction ID: D712 Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2006 |
| Mailing Address 704 Ponce De Leon Blvd | | Amount of Each Disbursement this Period 1000.00 |
| City Brooksville State FL Zip Code 34601 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Virginia Brown-Waite | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. DeMint for Senate | | Transaction ID: D763 Date of Disbursement 09 / 27 / 2006 |
| Mailing Address 101 Constitution Avenue NW Suite 900 West | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20001 | | |
| Purpose of Disbursement Contr. | Category/ Type | |
| Candidate Name James W. DeMint | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Freedom Fund PAC | | Transaction ID: D721 Date of Disbursement 07 / 10 / 2006 |
| Mailing Address 128 North Columbus Street | | Amount of Each Disbursement this Period 1000.00 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Contr. Freedom Fund PAC | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of John Thune | | Transaction ID: D764 Date of Disbursement 09 / 27 / 2006 |
| Mailing Address 25555 Pennsylvania Avenue Suite 908 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20037 | | |
| Purpose of Disbursement Contr. | Category/ Type | |
| Candidate Name John R. Thune | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 48

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Gard for Congress | | Transaction ID: D727 Date of Disbursement 08 / 08 / 2006 |
| Mailing Address PO Box 277 | | Amount of Each Disbursement this Period 1000.00 |
| City Greenbay | State WI Zip Code 54305 | |
| Purpose of Disbursement Contr. | | |
| Candidate Name John Gard | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WI District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Pomeroy for Congress | | Transaction ID: D722 Date of Disbursement 07 / 10 / 2006 |
| Mailing Address P.O. Box 75214 | | Amount of Each Disbursement this Period 300.00 |
| City Washington | State DC Zip Code 20013-5214 | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Earl Pomeroy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: ND District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Putnam for Congress | | Transaction ID: D719 Date of Disbursement 07 / 10 / 2006 |
| Mailing Address Post Office Box 2257 | | Amount of Each Disbursement this Period 1000.00 |
| City Bartow | State FL Zip Code 33831 | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Adam H. Putnam | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: FL District: 12 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 48

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

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NAME OF COMMITTEE (In Full)
NAMIC PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Santorum 2006 | | Transaction ID: D711 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6 |
| Mailing Address c/o 1203 Portner Road | | Amount of Each Disbursement this Period 4000.00 |
| City Alexandria State VA Zip Code 22314 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Rick Santorum | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Talent for Senate | | Transaction ID: D726 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 |
| Mailing Address 12977 North Outer 40 Dr. Suite 201 | | Amount of Each Disbursement this Period 1000.00 |
| City Creve Coeur State MO Zip Code 63141 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name James M. Talent | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Tiberi for Congress | | Transaction ID: D761 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 |
| Mailing Address 2021 East Dublin Granville Road Suite 2000 | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus State OH Zip Code 43229 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Patrick J. Tiberi | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | 26300.00 |