

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		100241.13
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	102646.46									
(c) Total Receipts (from Line 19)	91152.48	252942.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193798.94	353183.60								
7. Total Disbursements (from Line 31)	161697.76	321082.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32101.18	32101.18								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	60972.14	156699.20
(ii) Unitemized	11138.82	55104.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	72110.96	211803.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	19000.00	36000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	91110.96	247803.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	41.52	138.91
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))	91152.48	252942.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	91152.48	252942.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	197.76	982.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	197.76	982.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150500.00	308500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	600.00
29. Other Disbursements.....	11000.00	11000.00
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))..	161697.76	321082.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161697.76	321082.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	91110.96	247803.56
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91110.96	247203.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	197.76	982.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	197.76	982.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 152

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Don H. Adams

Mailing Address PO Box 571310

City State Zip Code
Murray UT 84157-1310

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

Name of Employer Occupation
Bear River Mutual Insurance Company President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: 6E02A6A6CB354E01099

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Cathy M. Adcock

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: DE2EA263A00F5DF7468

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Vice President of Information Systems

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2010

Transaction ID: 882DBEFFC3475C12233

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

305.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Todd E. Albert		Date of Receipt MM / DD / YYYY 07 / 20 / 2010		
	Mailing Address PO Box 111		Transaction ID: 343EC906349A0C149E0		
	City Bucyrus	State OH	Zip Code 44820-0111	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Information Systems			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00			

B.	Full Name (Last, First, Middle Initial) Todd E. Albert		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address PO Box 111		Transaction ID: A53A94EE0B57C0A58A2		
	City Bucyrus	State OH	Zip Code 44820-0111	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Information Systems			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00			

C.	Full Name (Last, First, Middle Initial) Todd E. Albert		Date of Receipt MM / DD / YYYY 08 / 24 / 2010		
	Mailing Address PO Box 111		Transaction ID: 4078487B2A1CECE9CE8		
	City Bucyrus	State OH	Zip Code 44820-0111	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Information Systems			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00			

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Todd E. Albert	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 111	Transaction ID: E68C8C9727E0FF0F9DB
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Todd E. Albert	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address PO Box 111	Transaction ID: 9A18534D51E79D82684
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) Todd E. Albert	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address PO Box 111	Transaction ID: D1CBA16F0B22DA8E0AA
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: 4A7408EC76DDA1A4829

Amount of Each Receipt this Period
39.00

B.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: 5844B636C8DFF90CCF7

Amount of Each Receipt this Period
39.00

C.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: EB6898CB9836657BD2D

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 741.00

Date of Receipt 08 / 16 / 2010

Transaction ID: D5233569EF6BEEB6BFA

Amount of Each Receipt this Period 39.00

B. Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 741.00

Date of Receipt 08 / 30 / 2010

Transaction ID: 3E148719B12F8EF8D0D

Amount of Each Receipt this Period 39.00

C. Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 10 / 2010

Transaction ID: F8CEC5CB773426DC43A

Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional) ► 117.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 152
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Neil Alldredge

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 24 / 2010

Transaction ID: 2BDCEA0C5C19B4A4E2D

Amount of Each Receipt this Period 39.00

B.

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

Mailing Address 6101 Anacapi Blvd

City Lansing State MI Zip Code 48917-3968

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2010

Transaction ID: FA6060D96886276D314

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 6101 Anacapi Blvd

City Lansing State MI Zip Code 48917-3968

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2010

Transaction ID: FD6E361F3368745A41B

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 109.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anthony Anastanio	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 350 California St Ste 2100	Transaction ID: E22DDA6654F3B509A9E
	City San Francisco State CA Zip Code 94104-1409	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer General Reinsurance Corporation Occupation West Region Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Bart Anderson	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address Box 68700	Transaction ID: 791A602490E7653302A
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior VP - Member Services & Communic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) David L. Anderson, CPCU, PFMM	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address PO Box 276	Transaction ID: 560C78CD2BDB667A982
	City Canton State SD Zip Code 57013-0276	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Farm Mutual Insurance Com-pany of Linco Occupation Manager 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)	▶	1220.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David L. Anderson, GPCU, PFMM

Mailing Address PO Box 276

City State Zip Code
Canton SD 57013-0276

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

Name of Employer Occupation
Farm Mutual Insurance Company of Linco Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: 3020C637C194813929E

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
John B. Arbuckle, Jr., CIC,

Mailing Address PO Box 589

City State Zip Code
Lewisburg WV 24901-0589

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

Name of Employer Occupation
Farmers Home Fire Insurance Company of Secretary-Treasurer/Chairman

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: F5E80817C79C8B59EC2

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
Herman J. Arends

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Board Member

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: DB10F3B1306EF6B1BC6

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 4550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 152
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gordon P. Assad

Mailing Address PO Box 9062

City State Zip Code
Williamsville NY 14231-9062

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

Name of Employer Occupation
Erie & Niagara Insurance Association President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 7276D07C6EBA3920E2

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark K. Atherton

Mailing Address PO Box 498

City State Zip Code
Mendota IL 61342-0498

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

Name of Employer Occupation
Mendota Mutual Insurance Company President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: A9EA80FAD23AFEC9E68

Amount of Each Receipt this Period
390.00

C.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company AVP - Real Estate & Operational Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 13150BF6725C2154FB0

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶ **670.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) James Baes		Date of Receipt
	Mailing Address PO Box 30660		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auto-Owners Insurance Company		Occupation Regional Vice President	Transaction ID: 54F417D4C76C41F1C2C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="400.00"/>	
Amount of Each Receipt this Period		<input type="text" value="400.00"/>	

B.	Full Name (Last, First, Middle Initial) Roger Ballard, CPA		Date of Receipt
	Mailing Address PO Box 618		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbia	MO	65205-0618
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Columbia Mutual Insurance Company		Occupation Senior Vice President/Treasurer	Transaction ID: 0777909A447988668C8
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
Amount of Each Receipt this Period		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Tommy Barre		Date of Receipt
	Mailing Address 500 S US Highway 77A		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Yoakum	TX	77995-1399
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hochheim Prairie Farm Mutual Insurance		Occupation Director	Transaction ID: 7C2774E2ACC20E0BFDA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
Amount of Each Receipt this Period		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John S. Benson
 Mailing Address 1 Mutual Ave
 City State Zip Code
 Frankenmuth MI 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Frankenmuth Mutual Insurance Company
 Occupation: President & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2307.80
 Date of Receipt: 07 / 08 / 2010
Transaction ID: 00E3B87D29412FF0C3E
 Amount of Each Receipt this Period: 115.39

B. Full Name (Last, First, Middle Initial)
John S. Benson
 Mailing Address 1 Mutual Ave
 City State Zip Code
 Frankenmuth MI 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Frankenmuth Mutual Insurance Company
 Occupation: President & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2307.80
 Date of Receipt: 07 / 23 / 2010
Transaction ID: 0CCD9AD7BBE9B938B9D
 Amount of Each Receipt this Period: 115.39

C. Full Name (Last, First, Middle Initial)
John S. Benson
 Mailing Address 1 Mutual Ave
 City State Zip Code
 Frankenmuth MI 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Frankenmuth Mutual Insurance Company
 Occupation: President & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2307.80
 Date of Receipt: 08 / 06 / 2010
Transaction ID: FBDDDB37DA50D235AC8
 Amount of Each Receipt this Period: 115.39

SUBTOTAL of Receipts This Page (optional) ► **346.17**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 5D22A5EBC356425C4D6		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 2307.80		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: B418F24EB5DC04C4DD9		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 2307.80		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 92001393CA724CA629F		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 2307.80		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	346.17
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 152
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Keith L. Birkhead, CPCU

Mailing Address PO Box 1401

City State Zip Code
McPherson KS 67460-1401

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

Name of Employer: Farmers Alliance Mutual Insurance Comp
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 09 / 07 / 2010
Transaction ID: CFC2D0DA121D4BF9D97
Amount of Each Receipt this Period: 1000.00

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: First Vice President, Secretary & Gene

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: B41C07108CD2C69F7B4
Amount of Each Receipt this Period: 60.00

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: First Vice President, Secretary & Gene

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: BC43B8C39A038E9A4AA
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 1120.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John J. Bishop, GPCU, CLU
Mailing Address 471 E Broad St
City Columbus State OH Zip Code 43215-3852
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Chairman, President & CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00
Date of Receipt 09 / 29 / 2010
Transaction ID: FF2F17D4CA9C798F2A3
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Gary W. Black
Mailing Address 1818 E 9th St
City Trenton State MO Zip Code 64683-2644
FEC ID number of contributing federal political committee. **C**
Name of Employer Farmers Mutual Insurance Company of Gr Occupation General Manager/Secretary
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 29 / 2010
Transaction ID: 20D307B816A95E1ED3C
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Gina Boone
Mailing Address PO Box 618
City Columbia State MO Zip Code 65205-0618
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Mutual Insurance Company Occupation General Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 14 / 2010
Transaction ID: 7CF0A17ECC44453B298
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Sheryln Bradford		Date of Receipt MM / DD / YYYY 07 / 14 / 2010		
	Mailing Address PO Box 618		Transaction ID: AF5035FC0B09292BA27		
	City Columbia	State MO	Zip Code 65205-0618	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Columbia Mutual Insurance Company	Occupation Manager Application Services			
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) Samuel T. Broomer		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1200 Atwater Dr Ste 250		Transaction ID: AF80AAED72CA8F7E108		
	City Malvern	State PA	Zip Code 19355-8793	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mutual Boiler Re	Occupation Operations Vice President-Reinsurance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Lou Ann S. Brown		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address PO Box 20		Transaction ID: D8D9604A94D899F464C		
	City New Vienna	State IA	Zip Code 52065-0020	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New Vienna Mutual Insurance Associatio	Occupation Secretary/Manager			
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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 37A1E6C8DB941BB4213

Amount of Each Receipt this Period 12.50

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 02AC5E5A0941B34B64E

Amount of Each Receipt this Period 12.50

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 7DA8104576CC179589D

Amount of Each Receipt this Period 12.50

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bob I. Buchanan	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 6101 Anacapri Blvd	Transaction ID: FC8E58AD40FE1F30292
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President-Applications Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00	

B.	Full Name (Last, First, Middle Initial) Bob I. Buchanan	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 6101 Anacapri Blvd	Transaction ID: D193B51539AA79A4413
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President-Applications Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00	

C.	Full Name (Last, First, Middle Initial) Thaddeus J. Buda	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address PO Box 30660	Transaction ID: 4BC40C107B114016024
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	582.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation Secretary/Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.84

Date of Receipt MM / DD / YYYY 07 / 06 / 2010

Transaction ID: 1485874BE7733A16E76

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation Secretary/Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.84

Date of Receipt MM / DD / YYYY 08 / 04 / 2010

Transaction ID: 84CBCE989B4EEEE37A59

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation Secretary/Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.84

Date of Receipt MM / DD / YYYY 09 / 02 / 2010

Transaction ID: 15FC6AE8DAADEE05A4C

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John S. Case	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address PO Box 6927	Transaction ID: A80A16E00DD9D80DE8C
	City State Zip Code Richmond VA 23230-0927	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mutual Assurance Society of Virginia	Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.84	

B.	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address Box 68700	Transaction ID: 7D13A10FF060CD5B36E
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1820.00	

C.	Full Name (Last, First, Middle Initial) Charles M. Chamness	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address PO Box 68700	Transaction ID: 44F415EF421A9F0D010
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1820.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 152
(check only one)

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

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 1410A255C6FA7F9ED47

Amount of Each Receipt this Period 90.00

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 5292B501D852D710928

Amount of Each Receipt this Period 90.00

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 9E6772938D511E4672F

Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 152

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1820.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: D7A48A8E200A744ED70

Amount of Each Receipt this Period
90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1820.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 1EF3C6A1CFE4C4E80E9

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1820.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: B010825F07627DF8AA1

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional) ▶

290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer: Ohio Mutual Insurance Company
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: MM / DD / YYYY
07 / 20 / 2010

Transaction ID: DBFD8F49CFF0D6549BF

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer: Ohio Mutual Insurance Company
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 595F04F3F7673830360

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer: Ohio Mutual Insurance Company
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: MM / DD / YYYY
08 / 24 / 2010

Transaction ID: B542DF6254BCB525A9E

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 152
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Ohio Mutual Insurance Company
Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 47098D254DC15558372

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Ohio Mutual Insurance Company
Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 5B25D82B0E2FE81199E

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Ohio Mutual Insurance Company
Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: A3FEEB7B0A61434A8EA

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewellers Mutual Insurance Company
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 6A0FE0EA4606DE2F58B

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewellers Mutual Insurance Company
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 52A10B8986D4CCFAF2E

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewellers Mutual Insurance Company
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 29 / 2010
Transaction ID: 0D0E18F0B5A6B2A7190

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gregg Cornell

Mailing Address 6101 Anacapri Blvd

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: A6504C7A7E2F02938EE

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John Cratty

Mailing Address PO Box 37

City State Zip Code
Orion IL 61273-0037

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

Name of Employer
Svea Mutual Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 36E20D9F63C005B9B33

Amount of Each Receipt this Period
80.00

C.

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

Mailing Address PO Box 88

City State Zip Code
Fort Worth TX 76101-0088

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

Name of Employer
Agricultural Workers Mutual Auto Insur

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: D2EA80E67FCF059236D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **830.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joseph Dechatelets, CPCU

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 9D925F6BAC21343BCB2

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
955.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: D625604CBB33CDFA3DE

Amount of Each Receipt this Period
45.00

C.

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

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
955.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: BB903A5EE3D6735871A

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 07 / 30 / 2010

Transaction ID: CABF485336DC57058F1

Amount of Each Receipt this Period 45.00

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 08 / 16 / 2010

Transaction ID: EA90AB35D629B384FEA

Amount of Each Receipt this Period 45.00

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 08 / 30 / 2010

Transaction ID: D14B5C7390F40A322C4

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 152
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Robert Detlefsen, PhD

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 09 / 10 / 2010
Transaction ID: B4C4CDF8C38F495D9C9
Amount of Each Receipt this Period 45.00

B. Full Name (Last, First, Middle Initial)
Robert Detlefsen, PhD

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 09 / 24 / 2010
Transaction ID: FC3B5A0742BCAA3AD2E
Amount of Each Receipt this Period 45.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 09 / 29 / 2010
Transaction ID: 4B1E3536C544CEB2691
Amount of Each Receipt this Period 235.00

SUBTOTAL of Receipts This Page (optional) ► 325.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas A. Dials	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 550 Eisenhower Rd	Transaction ID: 427B8B0CE501213D3B3
	City Leavenworth State KS Zip Code 66048-1190	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Armed Forces Insurance Exchange Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Charles W. Drier	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address PO Box 30660	Transaction ID: A24980A6C2D66ED612F
	City Lansing State MI Zip Code 48909-8160	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Charles W. Drier	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 30660	Transaction ID: 40CE03BD121BD567D05
	City Lansing State MI Zip Code 48909-8160	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.		Date of Receipt
	Mailing Address Box 68700		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Chief Operating Officer	Transaction ID: 88C30F88D68698198F0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="713.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="41.00"/>

B.	Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Chief Operating Officer	Transaction ID: 1D00A26E64BC86CFBC2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="713.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="41.00"/>

C.	Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Association of Mutual Insuran		Occupation Chief Operating Officer	Transaction ID: 1D95B5ECA814366D5AD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="713.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="41.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="123.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 152
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 713.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 4AA3EBCF9587C94D467
Amount of Each Receipt this Period 41.00

B. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 713.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 7F3C27E549DFB7EA757
Amount of Each Receipt this Period 41.00

C. Full Name (Last, First, Middle Initial)
Gregg A. Dykstra, J.D.
Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 713.00

Date of Receipt 09 / 10 / 2010
Transaction ID: DC773CBA57FB68CB4AF
Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional) ► 123.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 713.00

Date of Receipt 09 / 24 / 2010

Transaction ID: 84312E56BB0FAE58001

Amount of Each Receipt this Period 41.00

B.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insura- Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.40

Date of Receipt 07 / 08 / 2010

Transaction ID: D3B13C602877569004A

Amount of Each Receipt this Period 38.47

C.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insura- Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.40

Date of Receipt 07 / 23 / 2010

Transaction ID: 77E01C22BEFC767BF1F

Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional) ► 117.94

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 769.40

Date of Receipt

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

Transaction ID: 8393AC7F043167400DC

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 769.40

Date of Receipt

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

Transaction ID: D1B8F9F5A94C1FC837F

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 769.40

Date of Receipt

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

Transaction ID: E04D9608F0B48D50180

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional) ▶

115.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt: 09 / 17 / 2010
Transaction ID: BEE21BD3EED73713181
 Amount of Each Receipt this Period: 38.47

B. Full Name (Last, First, Middle Initial)
Jon Erickson

Mailing Address 2102 Whitegate Dr

City State Zip Code
Columbia MO 65202-2335

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 07 / 15 / 2010
Transaction ID: CC7EB5A69384C7226B4
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Andrew M. Eriksen

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Manager-Project Research & Coordination

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: 1E56F757BBA9F0559DA
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **338.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Andrew M. Eriksen

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Manager-Project Research & Coordination

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 6F0AB5FD061BB648085

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mark H. Ewert

Mailing Address PO Box 2003

City State Zip Code
Milwaukee WI 53201-2003

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

Name of Employer
Partners Mutual Insurance Company

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 0CA7812EB0AF06DD2D6

Amount of Each Receipt this Period
390.00

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

Mailing Address PO Box 2003

City State Zip Code
Milwaukee WI 53201-2003

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

Name of Employer
Partners Mutual Insurance Company

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 9B007A9B116B12829C3

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **540.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 152
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial)
Richard C. Ewert, CPCU, CIC

Mailing Address PO Box 2003

City Milwaukee State WI Zip Code 53201-2003

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

Name of Employer Partners Mutual Insurance Company
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 29 / 2010
Transaction ID: C970D77353B7A40A1AA
Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Patrick J. Faga, PFMM

Mailing Address PO Box 240

City Story City State IA Zip Code 50248-0240

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

Name of Employer Central Iowa Mutual Insurance Associat
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 389DE43D4EB2B71755F
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Bernard Fechtel

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2010
Transaction ID: A9325FCBD39BF32832A
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Eileen Fhaner, AIAF, CPCU		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address 6101 Anacapri Blvd		Transaction ID: D527D6D140A193DEF52		
	City Lansing	State MI	Zip Code 48917-3968	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Treasurer & CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Gayle Fisher		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address PO Box 30660		Transaction ID: 3EF8F2D9AE0071E3DDE		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 650.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) Bernard M. Flynn		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 301 Sullivan Way		Transaction ID: AA400C75741B95DFF16		
	City Ewing	State NJ	Zip Code 08628-3406	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New Jersey Manufacturers Insurance Com	Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

SUBTOTAL of Receipts This Page (optional)	▶	3650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 152

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Kurt P. Foley

Mailing Address 1510 N Elms Rd

City State Zip Code
Flint MI 48532-2033

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1020.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: F292C51952CF6F2B902

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

Brad Fortner

Mailing Address 703 W Poplar St

City State Zip Code
Rogers AR 72756-4443

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

Name of Employer Occupation
Farmers Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: 3AABECC8669065EE11A

Amount of Each Receipt this Period
1020.00

C.

Full Name (Last, First, Middle Initial)

A. Benjamin Galloway

Mailing Address PO Box 618

City State Zip Code
Columbia MO 65205-0618

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

Name of Employer Occupation
Columbia Mutual Insurance Company Finance

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: 4B82AD9BDD80E263F15

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 152
(check only one)

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

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

A.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.40

Date of Receipt: 07 / 08 / 2010
Transaction ID: 253EA1FEB13342A357F
Amount of Each Receipt this Period: 38.47

B.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.40

Date of Receipt: 07 / 23 / 2010
Transaction ID: F08AAAC4C9ADC8F8981
Amount of Each Receipt this Period: 38.47

C.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.40

Date of Receipt: 08 / 06 / 2010
Transaction ID: 9402E454014712B0CFE
Amount of Each Receipt this Period: 38.47

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 1 Mutual Ave		Transaction ID: 09BECE17B4164D2D2F7
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

B.

Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 1 Mutual Ave		Transaction ID: E2B5088CA1EBE8841CC
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

C.

Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 1 Mutual Ave		Transaction ID: 42F5B56352A422E66E1
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

SUBTOTAL of Receipts This Page (optional)	▶	115.41
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 47 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jonathan C. Grether, CPCU
Mailing Address 202 Benck St
City Algona State IA Zip Code 50511-7280
FEC ID number of contributing federal political committee. **C**
Name of Employer Pharmacists Mutual Insurance Company Occupation COO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 19 / 2010
Transaction ID: F6AC06F2A554CC0B2D1
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Patricia Gruntzel
Mailing Address PO Box 708
City Houston State MN Zip Code 55943-0708
FEC ID number of contributing federal political committee. **C**
Name of Employer Mound Prairie Mutual Insurance Company Occupation Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 09 / 2010
Transaction ID: 5D14CC50A4550BE846D
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
George H. Guptill, Jr.
Mailing Address 208 Cleveland Ln
City Rockaway State NJ Zip Code 07866
FEC ID number of contributing federal political committee. **C**
Name of Employer Franklin Mutual Insurance Company Occupation Chairman
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 29 / 2010
Transaction ID: 8D95CDE5-73B5-4403-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Ron D. Hallenbeck, CPCU

Mailing Address PO Box 712

City State Zip Code
Des Moines IA 50306-0712

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

Name of Employer Occupation
EMC Reinsurance Company Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2010

Transaction ID: A03640CAA014623DC47

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey F. Harrold

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: 9736C06598B76558150

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1519.32

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2010

Transaction ID: 50CF828371BD49A1869

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

1560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 152
(check only one)

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

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

A.

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

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer
Norfolk & Dedham Mutual Fire Insurance

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1519.32

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: 0B4712E0038C744106D

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer
Norfolk & Dedham Mutual Fire Insurance

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1519.32

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 71543E8A07D2E74600E

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer
Norfolk & Dedham Mutual Fire Insurance

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1519.32

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: CFE9117AC123F6CFD67

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Stuart C. Henderson
Mailing Address PO Box 1463
City State Zip Code
Minneapolis MN 55440-1463
FEC ID number of contributing federal political committee. **C**
Name of Employer: Western National Mutual Insurance Comp
Occupation: President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00
Date of Receipt: 09 / 29 / 2010
Transaction ID: 53E6848CE15CD684259
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
John T. Hill, II, CPA
Mailing Address 1 Park Ave
City State Zip Code
New York NY 10016-5802
FEC ID number of contributing federal political committee. **C**
Name of Employer: Magna Carta Companies
Occupation: President & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3610.00
Date of Receipt: 07 / 13 / 2010
Transaction ID: 861C3B5D2FC0CF02F8A
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
John T. Hill, II, CPA
Mailing Address 1 Park Ave
City State Zip Code
New York NY 10016-5802
FEC ID number of contributing federal political committee. **C**
Name of Employer: Magna Carta Companies
Occupation: President & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3610.00
Date of Receipt: 09 / 29 / 2010
Transaction ID: 2BE4105EC155B16165D
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 1070.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John T. Hill, II, CPA

Mailing Address 1 Park Ave

City State Zip Code
New York NY 10016-5802

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

Name of Employer Occupation
Magna Carta Companies President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3610.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 53B0ADE9E207365C352

Amount of Each Receipt this Period
90.00

B.

Full Name (Last, First, Middle Initial)
Marcus E. Hill

Mailing Address PO Box 88

City State Zip Code
Fort Worth TX 76101-0088

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

Name of Employer Occupation
Agricultural Workers Mutual Auto Insur President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 4279FF1EDE4A569EC11

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gary Holle, PFMM

Mailing Address 201 Brenneke St

City State Zip Code
Bremen KS 66412-8623

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

Name of Employer Occupation
Bremen Farmers Mutual Insurance Compan President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: EF6EA7D9CE0FB185722

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **590.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 152
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Rex Honodel

Mailing Address PO Box 26234

City Richmond State VA Zip Code 23260-6234

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

Name of Employer Southern States Insurance Exchange
Occupation President of Attorney-in-Fact

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2010
Transaction ID: E996B482CC25B68D9ED
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 07 / 08 / 2010
Transaction ID: 2B9A3B930D272D8ADE5
Amount of Each Receipt this Period 76.93

C.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 07 / 23 / 2010
Transaction ID: 240E65041DA9301E21C
Amount of Each Receipt this Period 76.93

SUBTOTAL of Receipts This Page (optional) ▶ **403.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: AACD78876B8205574DA		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 76.93	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 1538.60		

B.	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: BA14162F9F8F01C0EA3		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 76.93	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 1538.60		

C.	Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 7D3AA986689EDA3ADAF		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 76.93	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 1538.60		

SUBTOTAL of Receipts This Page (optional)	▶	230.79
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 152
(check only one)

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

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

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt: 09 / 17 / 2010
Transaction ID: OCFDFBE6B38690BDC21
Amount of Each Receipt this Period: 76.93

B. Full Name (Last, First, Middle Initial)
Timothy R. Hyle, CPA

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer: Preferred Mutual Insurance Company
Occupation: Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 07 / 12 / 2010
Transaction ID: A44E25D8E3A53943916
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Timothy R. Hyle, CPA

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer: Preferred Mutual Insurance Company
Occupation: Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 203FC0AEC88FA8D64C
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 156.93

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Timothy R. Hyle, CPA

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Corporate Controller

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: CF8E9D59D66055FDD93

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Theresa Jakubick

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2010

Transaction ID: FFA2B4AD850E4CDFBFC

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Theresa Jakubick

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: D2F9B590F569592B6F1

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 152

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Theresa Jakubick Mailing Address PO Box 111 City State Zip Code Bucyrus OH 44820-0111 FEC ID number of contributing federal political committee. C Name of Employer Occupation Ohio Mutual Insurance Company Project Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00	Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2010 Transaction ID: 62F45479EC0C5E3787A Amount of Each Receipt this Period 20.00
B.	Full Name (Last, First, Middle Initial) Theresa Jakubick Mailing Address PO Box 111 City State Zip Code Bucyrus OH 44820-0111 FEC ID number of contributing federal political committee. C Name of Employer Occupation Ohio Mutual Insurance Company Project Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00	Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2010 Transaction ID: 67567A11CD5F5E08D7B Amount of Each Receipt this Period 20.00
C.	Full Name (Last, First, Middle Initial) Theresa Jakubick Mailing Address PO Box 111 City State Zip Code Bucyrus OH 44820-0111 FEC ID number of contributing federal political committee. C Name of Employer Occupation Ohio Mutual Insurance Company Project Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00	Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010 Transaction ID: 240522BB4F4F71BD1AF Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Theresa Jakubick		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address PO Box 111		Transaction ID: BF69BE084B2AAFDF99		
	City Bucyrus	State OH	Zip Code 44820-0111	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ohio Mutual Insurance Company	Occupation Project Manager	Aggregate Year-to-Date 320.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Lee A. Janis, III		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address PO Box 30660		Transaction ID: 06CA372A331ECA0B410		
	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				
	Name of Employer Auto-Owners Insurance Company	Occupation Vice President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Robert L. Jeckel		Date of Receipt MM / DD / YYYY 09 / 07 / 2010		
	Mailing Address 1536 Pulaski Street		Transaction ID: 1FCF62524615BAEBF64		
	City Lincoln	State IL	Zip Code 62656-3241	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frontier Mutual Insurance Company	Occupation Director	Aggregate Year-to-Date 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 152
(check only one)

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

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

A.

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

Mailing Address 1536 Pulaski St

City Lincoln State IL Zip Code 62656-3241

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

Name of Employer: Frontier Mutual Insurance Company
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: E0C8490773ABEC25E78
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address PO Box 147

City Avilla State IN Zip Code 46710-0147

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

Name of Employer: Farmers Mutual Insurance Company of No
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2010
Transaction ID: A262C28836065BB7417
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Kraig T. Klopfenstein

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Sales/Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: C39F1FAE3117C8F38A9
 Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kraig T. Klopfenstein

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Sales/Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: E0661A8B103AE20F4CE
 Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
Steve J. Knutson

Mailing Address PO Box 308

City State Zip Code
Esko MN 55733-0308

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

Name of Employer: RAM Mutual Insurance Company
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2010
Transaction ID: A14DDAA268A14E5A226
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 545 Harold Meyer Dr

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 Company
Occupation: Secretary/Treasurer/ Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: D13846D2339A70625BA
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Glenn A. Lambert, PFMM

Mailing Address 5000 9th Ave S

City State Zip Code
Great Falls MT 59405-5708

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

Name of Employer: Cascade Farmers Mutual Insurance Compa
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: 207CB86A8C1ACD618D2
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Steven Linkous

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3554

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: E66301BBA2C9802014E
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Wilbur J. Maas, PFMM

Mailing Address PO Box 812

City State Zip Code
Hull IA 51239-0812

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

Name of Employer: Farmers Mutual Insurance Association o
Occupation: Secretary/Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: 68764750991409DE44D
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Richard L. Main, PFMM
Mailing Address PO Box 99
City Laurens State IA Zip Code 50554-0099
FEC ID number of contributing federal political committee. **C**
Name of Employer Pocahontas Mutual Insurance Association Occupation Secretary/Treasurer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 29 / 2010
Transaction ID: CCC7D5C414F8A7A5867
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Rae Malesh
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insurance Occupation Assistant to the President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 256.50
Date of Receipt 07 / 30 / 2010
Transaction ID: 450B5E9AC268EDE8D09
Amount of Each Receipt this Period 13.50

C. Full Name (Last, First, Middle Initial)
Rae Malesh
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insurance Occupation Assistant to the President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 256.50
Date of Receipt 08 / 16 / 2010
Transaction ID: 6F1053C8F8840CA6C6C
Amount of Each Receipt this Period 13.50

SUBTOTAL of Receipts This Page (optional) ▶ 327.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt 08 / 30 / 2010
Transaction ID: D175804B9D75A70BE3C
Amount of Each Receipt this Period 13.50

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt 09 / 10 / 2010
Transaction ID: 0B2063592C7125B73B5
Amount of Each Receipt this Period 13.50

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt 09 / 24 / 2010
Transaction ID: 3B6899A19CB443E1BBB
Amount of Each Receipt this Period 13.50

SUBTOTAL of Receipts This Page (optional) ▶ 40.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 152
(check only one)

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

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

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

A.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: D4D2E8B2B247EA86E84

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: BDB4C493BDA9B242DB5

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Phil McCain

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Vice President, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 78D772CD01745A5E8CB

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ► **138.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: EFF3AC7AD52C498328F		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	Aggregate Year-to-Date 769.40		

B.	Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: B91935BA302C0E6FAA2		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	Aggregate Year-to-Date 769.40		

C.	Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: D91FE248DEC5824146A		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	Aggregate Year-to-Date 769.40		

SUBTOTAL of Receipts This Page (optional)	115.41
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 67C55EEB5410FEB87BC		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	Aggregate Year-to-Date 769.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: CFC0D7D9845DA2DAAD2		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.47	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	Aggregate Year-to-Date 769.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Sherry L. McKenzie, AAM, AIS		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address PO Box 30660		Transaction ID: C2554F8FD5FC69095D0		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager	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)	▶	106.94
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 152
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Sherry L. McKenzie, AAM, AIS

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: 1C93FE0D7A936B8E612
Amount of Each Receipt this Period: 40.00

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 07 / 08 / 2010
Transaction ID: 5AD254268B518A54A7A
Amount of Each Receipt this Period: 38.46

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer: Frankenmuth Mutual Insurance Company
Occupation: Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 07 / 23 / 2010
Transaction ID: AE292AC8EEDC66149EE
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ► 116.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 152

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 58ACC4AD53E7063848F		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.46	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 769.20		
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President, Secretary & Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: F5BD3333584AB7638CD		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.46	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 769.20		
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President, Secretary & Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: CA83E1BED0C12F0C25A		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 38.46	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 769.20		
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President, Secretary & Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brian S. McLeod	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1 Mutual Ave	Transaction ID: 5DB74857F84B35576AF
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20	

B.	Full Name (Last, First, Middle Initial) Marliss McManus	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address 122 C Street Northwest Suite 540	Transaction ID: F59198DDE306324D3FF
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior Director - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) Marliss McManus	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 122 C St NW Ste 540	Transaction ID: 4B9451C81208B4D10B8
	City State Zip Code Washington DC 20001-2102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Association of Mutual Insuran Occupation Senior Director - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	78.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 152
(check only one)

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

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

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

A.

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

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 1275527FAEB9644C316

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 46DCE1AFD7CE2116DE7

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 30 / 2010
Transaction ID: DD6C11A860D660BBC1E

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 152
(check only one)

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

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

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

A.

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

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: 6EF704F834FDE9FB7B2

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 7C343E20FA5B0CBBD3F

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 57 Washington St

City Quincy State MA Zip Code 02169-5303

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

Name of Employer Quincy Mutual Fire Insura- nce Company Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: F05F61BCB40E17A1CF1

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 152
(check only one)

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

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

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

Mailing Address PO Box 31

City State Zip Code
Mount Carroll IL 61053-0031

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

Name of Employer Occupation
Mount Carroll Mutual Fire Insurance Co Secretary/Treasurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: 8D8CB67D769569DC57D

Amount of Each Receipt this Period
20.00

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

Mailing Address Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran Vice President - Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 860.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2010

Transaction ID: E8D5DCC83577F4DBF10

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
David Middleton

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran Vice President - Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 860.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: 87486E96EAE03C41C71

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 540.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 152
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David Middleton

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 413BFD51EC7D7783D6B
Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
David Middleton

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt 08 / 16 / 2010
Transaction ID: BAFAB1BC5F7F59C4A48
Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
David Middleton

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 49DC505DD93F355E32C
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
David Middleton
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 Date of Receipt 09 / 10 / 2010
Transaction ID: 4C9E2CB7F0747E5CC84
 Amount of Each Receipt this Period 20.00
 FEC ID number of contributing federal political committee. C
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 860.00

B. Full Name (Last, First, Middle Initial)
David Middleton
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 Date of Receipt 09 / 24 / 2010
Transaction ID: 7775D1FC10ABA68E080
 Amount of Each Receipt this Period 20.00
 FEC ID number of contributing federal political committee. C
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 860.00

C. Full Name (Last, First, Middle Initial)
John C. Mitchell
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 Date of Receipt 07 / 12 / 2010
Transaction ID: 9D7FE6059DFB13EF954
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Preferred Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 290.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 152

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Carolyn B. Muller

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company AVP - Regional Sales Operations

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

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

Transaction ID: AD8A62786F5D668BFDC

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer Occupation
Preferred Mutual Insurance Company Vice President, Corporate Secretary

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 4BA76077DF4DEED4E4E

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer Occupation
Preferred Mutual Insurance Company Vice President, Corporate Secretary

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

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

Transaction ID: DA89ED56A07792C115C

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) ▶

190.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Katherine Noirot
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 07 / 28 / 2010
Transaction ID: 35A348620996638283E
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Katherine Noirot
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 08 / 06 / 2010
Transaction ID: A4161FDABC7DA7B2EDB
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert O'Reilly
Mailing Address PO Box 618
City Columbia State MO Zip Code 65205-0618
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Mutual Insurance Company Occupation VP/Branch Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
Date of Receipt 07 / 14 / 2010
Transaction ID: 5D8A008C11DF67B787E
Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ▶ 765.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Paul Otto		Date of Receipt
	Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auto-Owners Insurance Company		Occupation Vice President, Financial Accounting	Transaction ID: 08A272EE784374B7116
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) John A. Paul, PFMM		Date of Receipt
	Mailing Address PO Box 498		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Council Bluffs	IA	51502-0498
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Western Iowa Mutual Insurance Associat		Occupation President	Transaction ID: 4B69DBABBD1C0ED470A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2180.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) John A. Paul, PFMM		Date of Receipt
	Mailing Address PO Box 498		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Council Bluffs	IA	51502-0498
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Western Iowa Mutual Insurance Associat		Occupation President	Transaction ID: 601703A3AB9ADA177A2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2180.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="930.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1680.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mike Pike

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 3DED5C02D04CF494A1A

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address PO Box 9

City State Zip Code
De Smet SD 57231-0009

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

Name of Employer
De Smet Farm Mutual Insurance Company

Occupation
General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 1B064C774762360316E

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer
Ohio Mutual Insurance Company

Occupation
Assistant Vice Pres. - Sales & Agency

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: EBEF499999D519D8E53

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ▶ **565.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin Rall

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Assistant Vice Pres. - Sales & Agency

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: B9376D3B694DE42AFCB

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Kevin Rall

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Assistant Vice Pres. - Sales & Agency

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: 08DFC8DA608DB803026

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
Kevin Rall

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Assistant Vice Pres. - Sales & Agency

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 57AC4903EEFD41FCF81

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard M. Raun	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address PO Box 240	Transaction ID: 27D952D7F6E3EC7DB01
	City State Zip Code Carlton MN 55718-0240	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Woodland Mutual Insurance Company	Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) David Reddick, PhD	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address 3601 Vincennes Road	Transaction ID: C75D980CCC14E180B70
	City State Zip Code Indianapolis IN 46268-1154	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) David Reddick, PhD	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 3601 Vincennes Rd	Transaction ID: E5B1E1494F0C1B03A0B
	City State Zip Code Indianapolis IN 46268-1154	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	1040.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Reddick, PhD

Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 1A36A62844D409B930F

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
David Reddick, PhD

Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 16 / 2010

Transaction ID: FAC6A9250AF5561AEB4

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
David Reddick, PhD

Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 30 / 2010

Transaction ID: 92EC72D2D9E92076950

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Reddick, PhD

Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2010
Transaction ID: 08A5D96E6CBFC25670B

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
David Reddick, PhD

Mailing Address 3601 Vincennes Rd

City Indianapolis State IN Zip Code 46268-1154

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

Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 24 / 2010
Transaction ID: E701AE3C3497929B3A9

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Theodore Reinbold

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Com-pany Occupation AVP, Commercial Lines Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 3A5A090FE1FA02181B2

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 152
(check only one)

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

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

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

A.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: C4F0183F593A6FF7D29

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer
Auto-Owners Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 78CA8D08D77ACDA408B

Amount of Each Receipt this Period
60.00

C.

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

Mailing Address PO Box 6927

City State Zip Code
Richmond VA 23230-0927

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

Name of Employer
Mutual Assurance Society of Virginia

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2550.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2010

Transaction ID: F3F41DB59633ECFD86E

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gerald L. Roach, CPCU, FLMI
Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 08 / 04 / 2010
Transaction ID: 999DE4429349C2F2A54
Amount of Each Receipt this Period 230.00

B. Full Name (Last, First, Middle Initial)
Gerald L. Roach, CPCU, FLMI
Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 09 / 02 / 2010
Transaction ID: 1ADB97B6222E153BCBF
Amount of Each Receipt this Period 230.00

C. Full Name (Last, First, Middle Initial)
Gerald L. Roach, CPCU, FLMI
Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 09 / 29 / 2010
Transaction ID: E31DB2D867EC4417844
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 560.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Gerald L. Roach, CPCU, FLMI
Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 09 / 30 / 2010
Transaction ID: E76AA0CB874495F9070
 Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Troy Robinson
Mailing Address 500 US Highway 77A S

City Yoakum State TX Zip Code 77995-1399

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

Name of Employer Hochheim Prairie Farm Mutual Insurance Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 599DB568F0B13080A48
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mary Rowlinson
Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Claims Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 30 / 2010
Transaction ID: C481B84A7E50C752F5B
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► **675.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 152

(check only one)

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

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

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

A.

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
United Ohio Insurance Com- Claims Operations Manager
pany

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

Date of Receipt

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

Transaction ID: 7C4E0A2750B61C216D7

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
United Ohio Insurance Com- Claims Operations Manager
pany

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

Date of Receipt

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

Transaction ID: AC621C12A8B07142228

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
United Ohio Insurance Com- Claims Operations Manager
pany

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 01C7ACC414A128B8556

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 152
(check only one)

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

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

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

A.

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Claims Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 29 / 2010
Transaction ID: DC20A3D78179F69BCDF

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Rodney J. Rupp

Mailing Address 6101 Anacabri Blvd

City Lansing State MI Zip Code 48917-3968

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 28 / 2010
Transaction ID: 5471CDB374455F4E324

Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
Rodney J. Rupp

Mailing Address 6101 Anacabri Blvd

City Lansing State MI Zip Code 48917-3968

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 30 / 2010
Transaction ID: EB2BFBB890AE669F0FE

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ronald Scheck		Date of Receipt MM / DD / YYYY 08 / 09 / 2010		
	Mailing Address PO Box 708		Transaction ID: 0D80238A9B98A8C389F		
	City Houston	State MN	Zip Code 55943-0708	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mound Prairie Mutual Insurance Company	Occupation Director	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Gerald P. Schmidt, CPCU		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1460 Wells St		Transaction ID: 2679D32D1B698C1420C		
	City Enumclaw	State WA	Zip Code 98022-3003	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mutual of Enumclaw Insurance Company	Occupation Trustee	Aggregate Year-to-Date 1375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Linda M. Schmidt		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 500 US Highway 77A S		Transaction ID: B000D6DF88416098E0C		
	City Yoakum	State TX	Zip Code 77995-1399	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hochheim Prairie Farm Mutual Insurance	Occupation Secretary/Treasurer	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)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2010

Transaction ID: 312DF753AD554B48316

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: FE5F8679BC6CE77A9A6

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

A.H. Schuettpelz, CIC

Mailing Address PO Box 59

City State Zip Code
Lena WI 54139-0059

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

Name of Employer Occupation
Maple Valley Mutual Insurance Company President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: 3190A771A4B0BB6FB66

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Betty Schuster

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2010
Transaction ID: 9837CEE2517598D2F79
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Kurt H. Seelbach, CPA, CPCU

Mailing Address 550 Eisenhower Rd

City Leavenworth State KS Zip Code 66048-1190

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

Name of Employer Armed Forces Insurance Exchange Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 2191BE6ABD883DD2215
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mary E. Simon

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: A59B9B9CDEFE6F7B339
Amount of Each Receipt this Period 4000.00

SUBTOTAL of Receipts This Page (optional) ► 5250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ronald Simon, FLMI	Date of Receipt
	Mailing Address PO Box 30660	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Lansing MI 48909-8160	<input type="text"/> 07 / <input type="text"/> 28 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: BC3A1886B02CDE089C3
	Name of Employer Auto-Owners Insurance Company	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3910.00	Amount of Each Receipt this Period <input type="text"/> 2500.00

B.	Full Name (Last, First, Middle Initial) Ronald Simon, FLMI	Date of Receipt
	Mailing Address PO Box 30660	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Lansing MI 48909-8160	<input type="text"/> 09 / <input type="text"/> 29 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: 4F93C88C4046AD23761
	Name of Employer Auto-Owners Insurance Company	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3910.00	Amount of Each Receipt this Period <input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Ronald Simon, FLMI	Date of Receipt
	Mailing Address PO Box 30660	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Lansing MI 48909-8160	<input type="text"/> 09 / <input type="text"/> 30 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: A6E25DF6182ACE16BAB
	Name of Employer Auto-Owners Insurance Company	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3910.00	Amount of Each Receipt this Period <input type="text"/> 1360.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3910.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 152
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial)
Kristen Sizelove

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 02 / 2010
Transaction ID: F3792A3CF13E2DAB288
Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Kristen Sizelove

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 16 / 2010
Transaction ID: B4CD68BE1434B4AB0BB
Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Kristen Sizelove

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 30 / 2010
Transaction ID: DA18AA290B9484195C6
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address PO Box 68700	Transaction ID: 300CF03837DCC371B81
	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	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 68700	Transaction ID: 44EB451539EBB945274
	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	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address PO Box 68700	Transaction ID: 852BB417379DCA9AED0
	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	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address PO Box 68700	Transaction ID: 64B36D26E3B1C05ED4B
	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	
	Name of Employer: National Association of Mutual Insuran Occupation: Vice President - Member Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Steven C. Sliver	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address PO Box 577	Transaction ID: B0F48BCD67A8730E747
	City State Zip Code Huntingdon PA 16652-0577	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Mutual Benefit Insurance Company Occupation: CEO 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) Duane D. Smith, PFMM	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address PO Box 452	Transaction ID: D8AD1643ACEDAD46A2C
	City State Zip Code Franklin IN 46131-0452	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Farmers Mutual Insurance Company of Jo Occupation: Secretary/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 94 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John K. Smith, CRM, CIC,
Mailing Address 1 Commerce Sq
2005 Market Street
City Philadelphia State PA Zip Code 19103-7042
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 ▼ 2010.00
Date of Receipt 07 / 12 / 2010
Transaction ID: EBFFA0BB4DE3879A7AA
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
John K. Smith, CRM, CIC,
Mailing Address 1 Commerce Sq
2005 Market Street
City Philadelphia State PA Zip Code 19103-7042
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 ▼ 2010.00
Date of Receipt 08 / 26 / 2010
Transaction ID: 53F3A17FD50C19DFCF9
Amount of Each Receipt this Period 225.00

C. Full Name (Last, First, Middle Initial)
John K. Smith, CRM, CIC,
Mailing Address 1 Commerce Sq
2005 Market Street
City Philadelphia State PA Zip Code 19103-7042
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 ▼ 2010.00
Date of Receipt 09 / 08 / 2010
Transaction ID: D0285C1C6EF7E658EF2
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 525.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 95 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John K. Smith, CRM, CIC,
Mailing Address 1 Commerce Sq
2005 Market Street
City Philadelphia State PA Zip Code 19103-7042
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 ▼ 2010.00
Date of Receipt 09 / 29 / 2010
Transaction ID: D8C8E262CE715712E45
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
John K. Smith, CRM, CIC,
Mailing Address 1 Commerce Sq
2005 Market Street
City Philadelphia State PA Zip Code 19103-7042
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 ▼ 2010.00
Date of Receipt 09 / 30 / 2010
Transaction ID: B8370E8DF4FDBB699B7
Amount of Each Receipt this Period 660.00

C. Full Name (Last, First, Middle Initial)
Mark Splinter
Mailing Address PO Box 269
City Wausau State WI Zip Code 54402-0269
FEC ID number of contributing federal political committee. **C**
Name of Employer Wausau-Stettin Mutual Insurance Compan Occupation General Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 07 / 2010
Transaction ID: CD0E10463242E7C145C
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1110.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Douglas E. Steele

Mailing Address 1115 Weed Ln

City State Zip Code
Vincennes IN 47591-5066

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

Name of Employer: Farmers Home Insurance Company of Knox
Occupation: Secretary/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: 8CFF54E74841E67674E
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 1285 Highway 15 S

City State Zip Code
Fairmont MN 56031-4461

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: A28F83FA07E846F08E9
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer: NAMIC Insurance Company, Inc.
Occupation: Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 7645637AB7A59CD20E9
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **620.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 16 / 2010

Transaction ID: 243BE8D66E9064999CC

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 7F61727F3BA68B9CD22

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 16 / 2010

Transaction ID: 5204240BB4A03BEE70B

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
Vice President - Claims

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: D0A2BD6451BD364230A

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
Vice President - Claims

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: 3B9AC095552FB3A7A40

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing federal political committee.

C

Name of Employer
NAMIC Insurance Company, Inc.

Occupation
Vice President - Claims

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 7883F81AA7CAD3C2BD8

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Terry Suttner	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address PO Box 68700	Transaction ID: 33FE40ED93EBE69917F
	City State Zip Code Indianapolis IN 46268-0700	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Association of Mutual Insurance Occupation: Vice President - Membership/Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Tagsold	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address PO Box 100045	Transaction ID: 12F6655C5D5E309E198
	City State Zip Code Duluth GA 30096-9345	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Senior Vice President, Actuarial Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey Tagsold	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 100045	Transaction ID: D22A205D7BB65E3F976
	City State Zip Code Duluth GA 30096-9345	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Senior Vice President, Actuarial Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	1120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dave Talbert

Mailing Address 500 US Highway 77A S

City Yoakum State TX Zip Code 77995-1399

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

Name of Employer Hochheim Prairie Farm Mutual Insurance
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 13 / 2010

Transaction ID: 6A23A9B9B3617009B8E

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Paul Tetrault

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insurance
Occupation State Affairs Manager/Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: 9A4A892BD95ADD4572A

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Paul Tetrault

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insurance
Occupation State Affairs Manager/Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: B83B278A141A6AE05AD

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Indianapolis	State IN	Zip Code 46268-0700
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 82E90AF08DAF11841C7
	Name of Employer National Association of Mutual Insuran		Occupation State Affairs Manager/Northeast Region
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Indianapolis	State IN	Zip Code 46268-0700
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: FFAC09D85C5EBA3E520
	Name of Employer National Association of Mutual Insuran		Occupation State Affairs Manager/Northeast Region
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt
	Mailing Address PO Box 68700		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Indianapolis	State IN	Zip Code 46268-0700
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: F64D894D1CE907164D0
	Name of Employer National Association of Mutual Insuran		Occupation State Affairs Manager/Northeast Region
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Paul Tetrault

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2010
Transaction ID: 380C6DAE79448CEAEF8

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Paul Tetrault

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 24 / 2010
Transaction ID: 72AD12BC4C6C2A3370D

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 28 / 2010
Transaction ID: 1A64B05C29BCC879336

Amount of Each Receipt this Period 40.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Daniel J. Thelen	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 30660	Transaction ID: B7A5FBCC518F1268A3C
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Senior Vice President of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 325.00	

B.	Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address PO Box 68700	Transaction ID: CA331433062D21D6F6A
	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	
	Name of Employer: National Association of Mutual Insuran Occupation: Assistant Vice President - State Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 380.00	

C.	Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address PO Box 68700	Transaction ID: 68AD16769EB955EF12B
	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	
	Name of Employer: National Association of Mutual Insuran Occupation: Assistant Vice President - State Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 380.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joe Thesing

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 30 / 2010
Transaction ID: 574BD60D2D5C3EC9B39

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Joe Thesing

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 16 / 2010
Transaction ID: 5CE58E0089C7F55C71F

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Joe Thesing

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 01CCF8A837E89EDE011

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee. C		Transaction ID: 9F8625E3523D2575699
Name of Employer National Association of Mutual Insuran		Occupation Assistant Vice President - State Affai	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee. C		Transaction ID: 467B54DECCE1F9B0E61
Name of Employer National Association of Mutual Insuran		Occupation Assistant Vice President - State Affai	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM		Date of Receipt
	Mailing Address 409 Kenyon Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 16 / 2010
	City	State	Zip Code
	Fort Dodge	IA	50501-5718
	FEC ID number of contributing federal political committee. C		Transaction ID: 40544E3001023AB02C0
Name of Employer Heartland Mutual Insurance Association		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 140.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM		Date of Receipt	
	Mailing Address 409 Kenyon Rd		MM / DD / YYYY 08 / 20 / 2010	
	City	State	Zip Code	Transaction ID: A4698A536996B6BA3FF
	Fort Dodge	IA	50501-5718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Heartland Mutual Insurance Association		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00		

B.	Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM		Date of Receipt	
	Mailing Address 409 Kenyon Rd		MM / DD / YYYY 09 / 17 / 2010	
	City	State	Zip Code	Transaction ID: 133187BF54D953D727F
	Fort Dodge	IA	50501-5718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Heartland Mutual Insurance Association		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00		

C.	Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM		Date of Receipt	
	Mailing Address 409 Kenyon Rd		MM / DD / YYYY 09 / 29 / 2010	
	City	State	Zip Code	Transaction ID: 4F8C7E8C2D5FCBFF307
	Fort Dodge	IA	50501-5718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Heartland Mutual Insurance Association		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00		

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer
Columbia Mutual Insurance Company
Occupation
President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2010

Transaction ID: CAB0141385C12649C1D

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer
Columbia Mutual Insurance Company
Occupation
President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2010

Transaction ID: 67D29E56D137DCE806C

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2010

Transaction ID: BCC3377275121466C93

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional) ► **589.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: C97DBFC12E439DA97A1		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	Aggregate Year-to-Date 780.00		

B.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 39AF4B6884219BD5BB2		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	Aggregate Year-to-Date 780.00		

C.	Full Name (Last, First, Middle Initial) Randall Trinklein		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1 Mutual Ave		Transaction ID: 6867AA3C0E0293EA4AC		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	Aggregate Year-to-Date 780.00		

SUBTOTAL of Receipts This Page (optional)	▶	117.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: A0DDBF5AA8C69DE5956

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 46FB560DEBA5AE33D9A

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

John E. Trott, Jr.

Mailing Address 500 US Highway 77A S

City State Zip Code
Yoakum TX 77995-1399

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

Name of Employer Occupation
Hochheim Prairie Farm Mutual Insurance President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: 591827BB5D557A4289C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

578.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 152
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John E. Trott, Jr.
Mailing Address 500 US Highway 77A S
City Yoakum State TX Zip Code 77995-1399
FEC ID number of contributing federal political committee. **C**
Name of Employer Hochheim Prairie Farm Mutual Insurance
Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 09 / 29 / 2010
Transaction ID: 8A91CFACBB74D9B4D1E
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Aaron J. Valentine
Mailing Address 1 Preferred Way
City New Berlin State NY Zip Code 13411-1800
FEC ID number of contributing federal political committee. **C**
Name of Employer Preferred Mutual Insurance Company
Occupation Senior Vice President, Treasurer & CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 29 / 2010
Transaction ID: FC610F59EF375CDD935
Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
Michael J. Van Wagner
Mailing Address 301 Sullivan Way
City Ewing State NJ Zip Code 08628-3406
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Manufacturers Insurance Com
Occupation Vice President, Legislative Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 28 / 2010
Transaction ID: E66C39FB4C858FA1BFE
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 330.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 111 / 152						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) Robert J. Wagner		Date of Receipt MM / DD / YYYY 07 / 14 / 2010		
	Mailing Address PO Box 618		Transaction ID: 46BD761660D4B2DEE7C		
	City Columbia	State MO	Zip Code 65205-0618	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Columbia Mutual Insurance Company	Occupation Chairman/CEO	Aggregate Year-to-Date 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Robert J. Wagner		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address PO Box 618		Transaction ID: 6A3BF9D49BCA81CEDC0		
	City Columbia	State MO	Zip Code 65205-0618	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Columbia Mutual Insurance Company	Occupation Chairman/CEO	Aggregate Year-to-Date 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jerry Wallace		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address PO Box 30660		Transaction ID: 5110420DE53EDC9E091		
	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				
	Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) James J. Walsh, Jr.	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address PO Box 30660	Transaction ID: 2AFA4F2440455AF69FB
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) James J. Walsh, Jr.	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 30660	Transaction ID: 7AA4E1B59252F9006C6
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Ian R. Ward	Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address PO Box 30660	Transaction ID: 74D89F637DD4F861FEA
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Investments and	
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)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ian R. Ward		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address PO Box 30660		Transaction ID: D5DEC552A0EA92BE887		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Investments and	Aggregate Year-to-Date 320.00		

B.	Full Name (Last, First, Middle Initial) Mark Wenger		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address PO Box 30660		Transaction ID: 1F1BC43496DA62C0DF7		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Actuary	Aggregate Year-to-Date 378.00		

C.	Full Name (Last, First, Middle Initial) Mark Wenger		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address PO Box 30660		Transaction ID: 1A1429FC5BDA66E315B		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Actuary	Aggregate Year-to-Date 378.00		

SUBTOTAL of Receipts This Page (optional)	▶	166.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 152
(check only one)

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

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

A.

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

Mailing Address PO Box 860

City State Zip Code
Bryant AR 72089-0860

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

Name of Employer
Farmers Union Mutual Insurance Company

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: B47D267A756194F9D2A

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
799.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: E65CE51E415779E6F64

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
799.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 7ACFD85372B1C9DF451

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 115 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James W. Wilds, CPCU, ARM,
Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 799.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 034F283EDC6ED4FBD64
 Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
James W. Wilds, CPCU, ARM,
Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 799.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: 7A471D06767246EA274
 Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
James W. Wilds, CPCU, ARM,
Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 799.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: 2094DC5623DA5C25EAD
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
James W. Wilds, CPCU, ARM,
Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 799.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: DD71B70FC1C3573F079
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
William Woodbury
Mailing Address 6101 Anacapri Blvd

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Vice President & Associate General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: 963B39CD5DD18EBE
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
William Woodbury
Mailing Address 6101 Anacapri Blvd

City State Zip Code
Lansing MI 48917-3968

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

Name of Employer: Auto-Owners Insurance Company
Occupation: Vice President & Associate General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: A7188511BC000FCCC21
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey S. Wrobel, SR, CPCU,
Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 224.84

Date of Receipt 09 / 02 / 2010
Transaction ID: 1342DB110FE5F27A10D
 Amount of Each Receipt this Period 23.00

B. Full Name (Last, First, Middle Initial)
Jeffrey S. Wrobel, SR, CPCU,
Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 224.84

Date of Receipt 09 / 29 / 2010
Transaction ID: 170ACCEF852928FA232
 Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Jerry G. Zenke, PFMM
Mailing Address PO Box 708

City Houston State MN Zip Code 55943-0708

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

Name of Employer Mound Prairie Mutual Insurance Company Occupation General Manager/Treasurer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 09 / 29 / 2010
Transaction ID: ACE95343440DADF1D35
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 63.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 152
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jerry G. Zenke, PFMM

Mailing Address PO Box 708

City	State	Zip Code
Houston	MN	55943-0708

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

Name of Employer Mound Prairie Mutual Insurance Company	Occupation General Manager/Treasurer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00

Date of Receipt

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

Transaction ID: 61471489607EE9584BF

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	60972.14

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

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

FOR LINE NUMBER: PAGE 119 / 152
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Cc Services Inc Country Political Action Committee

Mailing Address 1701 N Towanda Avenue
PO Box 2020

City State Zip Code
Bloomington IL 61702

FEC ID number of contributing federal political committee. **C** C00390971

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2010

Transaction ID: 8C0CEAC12E6F4296D62

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Employers Mutual Casualty Company Committee for Responsible Federal Government

Mailing Address 717 Mulberry Street

City State Zip Code
Des Moines IA 50309

FEC ID number of contributing federal political committee. **C** C00163873

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: 6EF5E5E99EFFF2F8315

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Grange Mutual Casualty Company Pac

Mailing Address 671 South High Street
PO Box1218

City State Zip Code
Columbus OH 43216

FEC ID number of contributing federal political committee. **C** C00302695

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: 2DCD5A2E2A902C01422

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

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

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

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

FOR LINE NUMBER: PAGE 120 / 152

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Secura Insurance a Mutual Company Pac (SECURA INS PAC)

Mailing Address 2401 S. Memorial Drive
PO Box 819

City State Zip Code
Appleton WI 54915

FEC ID number of contributing federal political committee. **C** C00343384

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 09 / 2010

Transaction ID: 8E22FA0EED5F5A176D6

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
United Services Automobile Association Employee Pac - Usaa Employee Pac

Mailing Address 9800 Fredericksburg Road

City State Zip Code
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: 6B0CB89F2D8246B8DAE

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

19000.00

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address 8751 N Michigan Road</p> <p>City Indianapolis State IN Zip Code 46268</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22E71E6DDF27AF4041C</p> <p>Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 100.63</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address 8751 N Michigan Road</p> <p>City Indianapolis State IN Zip Code 46268</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 03F8678F47321E97DC0</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 50.64</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address 8751 N Michigan Road</p> <p>City Indianapolis State IN Zip Code 46268</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: DCD64A6687C087895E5</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 46.49</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

197.76

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

197.76

**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 122 / 152

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

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

<p>A. Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p>	<p>Transaction ID: 24D4B50DF356CF4DDDC</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America</p> <p>Mailing Address 607 14th Street, NW, Suite 800 --</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Ameripac: the Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: B1BECAEB27166B38C84</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michele M. Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A8165F26BEA8B2E2A78</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bill Flores for Congress</p> <p>Mailing Address PO Box 6207</p> <p>City Bryan State TX Zip Code 77805</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name William Flores</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 17</p>	<p>Transaction ID: 01E973C2FA9843B910A</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Blaine for Congress 2010</p> <p>Mailing Address PO Box 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name W. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 09</p>	<p>Transaction ID: 960201F42C221B272E0</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Boozman for Arkansas</p> <p>Mailing Address 322 North Bloomington Suite A-B</p> <p>City Lowell State AR Zip Code 72745</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John Nichols Boozman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District:</p>	<p>Transaction ID: CBD57EDA66AA4BE61</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Boyd for Congress <hr/> Mailing Address PO Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement 2010 Primary Candidate Name F. Allen Boyd, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7121AAA59D0847C2672 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bucshon for Congress <hr/> Mailing Address PO Box 250 <hr/> City Newburgh State IN Zip Code 47629 <hr/> Purpose of Disbursement 2010 General Candidate Name Larry D. Bucshon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2D340A3549FE6E7E722 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Capuano for Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael E. Capuano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6D1641F4C5AA81FEA9F Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 520 Capitol Mall Suite 220</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40B5240645D5CE688DC</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EB16E4422D8288ABCA0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C6329DC98C49581D145</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1EDBA0DC5C0C3E0CE28</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Daniel Webster for Congress</p> <p>Mailing Address 3400 Old Winter Garden Road</p> <p>City Orlando State FL Zip Code 32805</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Daniel Webster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: AFA02CB063A238CF4B6</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) David Rivera for Congress</p> <p>Mailing Address PO Box 520633</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name David Rivera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FF30690389222D8D7D4</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Diane Black for Congress <hr/> Mailing Address 819 Plantation Blvd <hr/> City Gallatin State TN Zip Code 37066 <hr/> Purpose of Disbursement 2010 General Candidate Name Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1DE8822E6F683DEA14 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Duffy for Congress <hr/> Mailing Address PO Box 186 <hr/> City Ashland State WI Zip Code 54806 <hr/> Purpose of Disbursement 2010 General Candidate Name Sean P. Duffy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70019336DE3C2046893 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fimian for Congress 2010 (FIMIAN 2010) <hr/> Mailing Address PO Box 3131 <hr/> City Oakton State VA Zip Code 22124 <hr/> Purpose of Disbursement 2010 General Candidate Name Keith Fimian <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9AC939C98F389212970 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Forward Together Pac</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Forward Together Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5C7E2B24E225A539E50</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Daniel Benjamin Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: AEA5214E260F4313824</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen</p> <p>Mailing Address PO Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F3A8908725A526822F8</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Joseph Heck, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 78A18FBE5D954AC2D14</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Mary Landrieu Inc</p> <p>Mailing Address 607 14th Street NW Suite 800 Suite 1434</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 04AD5599D9A79AC509F</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Nan Hayworth</p> <p>Mailing Address 51 Gleneida Avenue</p> <p>City Carmel State NY Zip Code 10512</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Nan S. Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 980CEA7D6D8DD414884</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 General Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DE7EA96A31F3AE7661B Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Gardner for Congress <hr/> Mailing Address PO Box 2408 <hr/> City Loveland State CO Zip Code 80539 <hr/> Purpose of Disbursement 2010 General Candidate Name Cory Gardner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 99A70A351E92AA51B07 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Heartland Values Pac <hr/> Mailing Address PO Box 505 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Heartland Values Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: A7F961BDD92EE1559CF Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hoeven for Senate <hr/> Mailing Address PO Box 15114 <hr/> City Arlington State VA Zip Code 22215 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John Hoeven <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 913F2CF9802BEA39E8B Date of Disbursement 07 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 General Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1148BF4E07297EC2E37 Date of Disbursement 07 / 06 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Huizenga for Congress <hr/> Mailing Address 441 William Court <hr/> City Zeeland State MI Zip Code 49464 <hr/> Purpose of Disbursement 2010 General Candidate Name William P. Huizenga <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 105D9C21B8850DFFE71 Date of Disbursement 08 / 23 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Ice Pac</p> <p>Mailing Address 9158 E Staring Lane</p> <p>City Eden Prairie State MN Zip Code 55347</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Ice Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 5E49D0627C9FDC1EE3C</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jaime Herrera for Congress</p> <p>Mailing Address PO Box 1614</p> <p>City Ridgefield State WA Zip Code 98642</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Jaime Herrera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE37F9B9CDA87ED059F</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jason Allen for Congress</p> <p>Mailing Address 5265 Old Stagecoach Drive</p> <p>City Alanson State MI Zip Code 49706</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Jason Allen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D0B568E37ED4097A4EC</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Jobs, Economy and Budget Fund (JEB FUND)</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Jobs, Economy and Budget Fund (JEB FUND)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: A485A716C06FAB24643</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Joe Donnelly for Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A7A95D50CA2738563DB</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) John Carney for Congress</p> <p>Mailing Address PO Box 2162</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John Charles Carney, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B424068BEBE2BEE0A48</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) John Lewis for Congress <hr/> Mailing Address PO Box 2323 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement 2010 General Candidate Name John R. Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 805CD874C69E4FDF4A5 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Judy Biggert for Congress <hr/> Mailing Address PO Box 637 <hr/> City Hinsdale State IL Zip Code 60522 <hr/> Purpose of Disbursement 2010 General Candidate Name Judy Biggert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B96DF58E695FA3E4941 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kind for Congress Committee <hr/> Mailing Address 205 5th Avenue South Suite 428 <hr/> City La Crosse State WI Zip Code 54601 <hr/> Purpose of Disbursement 2010 General Candidate Name Ron Kind <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F43FFC1A5C31BA1BAB8 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota</p> <p>Mailing Address PO Box 4146 PO Box 4146</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Amy Klobuchar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D68D9F9D6A94F63CFBE</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota 2012</p> <p>Mailing Address PO Box 4146</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Amy Klobuchar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: AB420507E8CDC225640</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress</p> <p>Mailing Address PO Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A849D5B4F0AA735DD6F</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Majority Committee Pac--Mc Pac <hr/> Mailing Address PO Box 10134 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Majority Committee Pac--Mc Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: A4E5A744BA074CE49B8 Date of Disbursement 09 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type	
	B. Full Name (Last, First, Middle Initial) Marco Rubio for Us Senate <hr/> Mailing Address 2030 South Douglas Road Suite 105 <hr/> City Coral Gables State FL Zip Code 33134 <hr/> Purpose of Disbursement 2010 General Candidate Name Marco Rubio <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C023CA4A593AE1F83CD Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
	C. Full Name (Last, First, Middle Initial) Martha Roby for Congress <hr/> Mailing Address PO Box 195 <hr/> City Montgomery State AL Zip Code 36101 <hr/> Purpose of Disbursement 2010 General Candidate Name Martha Roby <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 568A869419876F4AD1E Date of Disbursement 09 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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 137 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) McCotter Congressional Committee <hr/> Mailing Address PO Box 530788 <hr/> City Livonia State MI Zip Code 48153 <hr/> Purpose of Disbursement 2010 General Candidate Name Thaddeus G. McCotter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF5E30172D8C8A86468 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael D. Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1F8EF8A1975720420E2 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Pence Committee <hr/> Mailing Address PO Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement 2010 General Candidate Name Mike Pence <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6FB32B7238106D8C1EE Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement 2010 General Candidate Name Mike Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 273A4E7B1171B6F5A5E Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Moran for Kansas <hr/> Mailing Address PO Box 1151 <hr/> City Hays State KS Zip Code 67601 <hr/> Purpose of Disbursement 2010 General Candidate Name Jerry Moran <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90EA14102F10C525F79 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement 2010 General Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 41DD7A3FA4C51517407 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth (PETE PAC) Mailing Address 7804 Evening Lane City Alexandria State VA Zip Code 22306 Purpose of Disbursement 2010 Contribution Candidate Name People for Enterprise Trade and Economic Growth (PETE PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 0E45FCC4E4904BD1B4C Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) People for Pearce Mailing Address PO Box 2696 City Hobbs State NM Zip Code 88241 Purpose of Disbursement 2010 General Candidate Name Stevan E. Pearce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1007E8A18EEA6A1C7E Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Perlmutter for Congress Mailing Address 3440 Youngfield Street #264 City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement 2010 General Candidate Name Edwin G. Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD689302A8F3C24FAF8 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Portman for Senate Committee <hr/> Mailing Address 8331 Little Harbor Drive <hr/> City Cincinnati State OH Zip Code 45244 <hr/> Purpose of Disbursement 2010 General Candidate Name Rob Portman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 739460D718F048A2A0E Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Reed Committee <hr/> Mailing Address PO Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement 2014 Primary Candidate Name Jack Reed <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DDC9C01DF6D71A4FF28 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Republican Operation To Secure and Keep a Majority (ROSKAM PAC) <hr/> Mailing Address PO Box 1011 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Republican Operation To Secure and Keep a Majority (ROSKAM PAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B22974F6D9C386D26BB Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Ribble for Congress</p> <p>Mailing Address PO Box 7200</p> <p>City Appleton State WI Zip Code 54912</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Reid Ribble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p>	<p>Transaction ID: A58C9638E2AAEDC081F</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Burr Committee; the</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p>	<p>Transaction ID: 8A4D1DCE98855832875</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Mike Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 08</p>	<p>Transaction ID: BAB11E7AF4BA891C335</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Schmidt for Congress Committee</p> <p>Mailing Address 771 Wards Corner Rd</p> <p>City Loveland State OH Zip Code 45140</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Jean Schmidt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 02</p>	<p>Transaction ID: D6BBBF0CCFD20BE68EA</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Schock for Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 18</p>	<p>Transaction ID: C418EC1C9B8D367AF20</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Scott Rigell for Congress</p> <p>Mailing Address 915 First Colonial Road Suite 100</p> <p>City Virginia Beach State VA Zip Code 23454</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Edward Scott Rigell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 02</p>	<p>Transaction ID: D53F3126B61F8B97822</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Senate Majority Fund</p> <p>Mailing Address PO Box 32025</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Senate Majority Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: D070EA4D742D4CF1D85</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Steve Chabot for Congress</p> <p>Mailing Address 3030 Harrison Ave. 3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Steve Chabot</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 723825C3CE8BE787DD0</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Stivers for Congress</p> <p>Mailing Address 4679 Winterset Drive</p> <p>City Columbus State OH Zip Code 43220</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 04C66DB54232FF77D44</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Supporting Conservatives of Today and Tomorrow (SCOTT PAC) Mailing Address 15 Laurel Terrace City Sparta State NJ Zip Code 07871 Purpose of Disbursement 2010 Contribution Candidate Name Supporting Conservatives of Today and Tomorrow (SCOTT PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: F9A4DA6F61C63AEEB5A Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) The Hawkeye Pac Mailing Address PO Box 192 City Des Moines State IA Zip Code 50301 Purpose of Disbursement 2010 Contribution Candidate Name The Hawkeye Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 9B62C4140AD8B5BDB67 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Tiberi for Congress Mailing Address 2931 E Dublin Granville Road Suite 190 City Columbus State OH Zip Code 43231 Purpose of Disbursement 2010 General Candidate Name Pat Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12 Contribution	Transaction ID: 3D3174089CD97B8AEC2 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Win Back America Political Action Committee

Mailing Address PO Box 1131

City Anderson State IN Zip Code 46015

Purpose of Disbursement
2010 Contribution

Candidate Name
Win Back America Political Action Committee

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

Transaction ID: 39B045DEABC19F117F4

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

3000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

150500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Batchelder for Representative Committee</p> <p>Mailing Address 105 West Liberty Street</p> <p>City Medina State OH Zip Code 44256</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F879CCF2FA143081D3A</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Buehrer</p> <p>Mailing Address 704 Greenview Drive</p> <p>City Delta State OH Zip Code 43515</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 035C722A98F05D0320F</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Hottinger</p> <p>Mailing Address 894 Johnathon St</p> <p>City Newark State OH Zip Code 43055</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B267458744C15B7E6A3</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Citizens JoAnn Osmond <hr/> Mailing Address PO Box 635 <hr/> City Antioch State IL Zip Code 60002-0635 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85E492FD8B0487743D0 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd <hr/> Mailing Address 106 North Main Street <hr/> City New Lexington State OH Zip Code 43764 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 449E51176FB4612A7CB Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Reelect Jimmy Hall <hr/> Mailing Address 13008 Gray Hills Road, NE <hr/> City Albuquerque State NM Zip Code 87111 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2F8C5D7A7A46EE238AC Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Committee for Frank J Mautino <hr/> Mailing Address PO Box 36 <hr/> City Spring Valley State IL Zip Code 61362-0036 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8F54CD43709288C246 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Reelect Bill Rehm <hr/> Mailing Address PO Box 14768 <hr/> City Albuquerque State NM Zip Code 87191 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86D8DF169C810A2A1A6 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Reelect Thomas Anderson <hr/> Mailing Address 10013 plunkett Dr, NW <hr/> City Albuquerque State NM Zip Code 87114 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 69AB9A902A5A53BD603 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Cushing for State Rep</p> <p>Mailing Address PO Box 211</p> <p>City Hampden State ME Zip Code 04444</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EA30D8E5133AA9C8857 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Deal for Governor</p> <p>Mailing Address PO BOX 2495</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA3D8DC07DAA0F1DB15 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends for Monigue Davis</p> <p>Mailing Address PO Box 288963</p> <p>City Chicago State IL Zip Code 60628-8963</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7A523D3776806C7C7D9 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Adam Hamm</p> <p>Mailing Address PO Box 3043</p> <p>City Bismark State ND Zip Code 58502</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 417A46799D70EF1058D</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Bill Haine</p> <p>Mailing Address PO Box 67</p> <p>City Alton State IL Zip Code 62002-0067</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 67BB298270033CF115E</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Faber</p> <p>Mailing Address 7706 State Route 703</p> <p>City Celina State OH Zip Code 45822</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: AFAA7E3FB3E44BE3457</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) George J. Keiser <hr/> Mailing Address 422 Toronto Drive <hr/> City Bismark State ND Zip Code 58503 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7041DDEEA78DDD5BF7F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/Type
	State: District:
B. Full Name (Last, First, Middle Initial) New Leadership for Maines Future <hr/> Mailing Address PO Box 701 <hr/> City Bethel State ME Zip Code 04217 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FB601E97301B9AE5204 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	<input type="text" value="011"/> Category/Type
	State: District:
C. Full Name (Last, First, Middle Initial) New Leadership for Maines Future <hr/> Mailing Address PO Box 701 <hr/> City Bethel State ME Zip Code 04217 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FB21B4EFC1AEB7A3563 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	<input type="text" value="011"/> Category/Type
	State: District:

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1100.00