



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="15730.04"/>	<input type="text" value="15730.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82556.30"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30308.72"/>	<input type="text" value="420378.86"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="112865.02"/>	<input type="text" value="436108.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39534.42"/>	<input type="text" value="362778.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73330.60"/>	<input type="text" value="73330.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12538.15	275811.95
(ii) Unitemized .....	3530.39	90149.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16068.54	365961.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	14000.00	52266.42
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	30068.54	418227.99
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).....	233.77	2101.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.41	49.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30308.72	420378.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30308.72	420378.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	684.42	2628.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	684.42	2628.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	339000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	300.00
29. Other Disbursements .....	14850.00	20850.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39534.42	362778.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39534.42	362778.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30068.54	418227.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30068.54	417927.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	684.42	2628.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	233.77	2101.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	450.65	526.89

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 85
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Todd E. Albert</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2013 <b>Transaction ID : A3C1B73EE253D44FA98E</b>
Mailing Address PO Box 111		Amount of Each Receipt this Period 30.00
City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Todd E. Albert</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2013 <b>Transaction ID : A94856485AFEA42CF9C5</b>
Mailing Address PO Box 111		Amount of Each Receipt this Period 30.00
City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas Alighieri</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013 <b>Transaction ID : A6A4F92EC9D6641BBBFC</b>
Mailing Address 222 Ames St		Amount of Each Receipt this Period 20.00
City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C		
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Thomas Alighieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 16 / 2013  
**Transaction ID : A15C7B5C050C4472B949**  
 Amount of Each Receipt this Period 200.00

**B. Mr. Neil Aldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : A744272B0BE4347FF948**  
 Amount of Each Receipt this Period 40.00

**C. Mr. Neil Aldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : ABEAC4E50787F435A851**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. James Anderton**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A071D58F7FFE54BDE8E2**

Amount of Each Receipt this Period 250.00

**B. Ms. Laura Grace Ashton**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation PAC Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : A8724901E260C4CD997F**

Amount of Each Receipt this Period 11.50

**C. Ms. Laura Grace Ashton**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation PAC Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.50

Date of Receipt 10 / 18 / 2013  
**Transaction ID : A5D53CAFD87934717A83**

Amount of Each Receipt this Period 11.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 273.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

**Transaction ID : AB76698CAC03841E6958**

Amount of Each Receipt this Period  
51.29

**B. Mr. Brent Bahler**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
359.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : ADD0F00668F0C4ED1923**

Amount of Each Receipt this Period  
51.29

**C. Mr. Erik Barker**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

**Transaction ID : A6B3FE2E7920D417DA15**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Erik Barker**

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Mutual Insuran	Occupation Account Manager - Membership & Insuran
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
261.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : A97D8F60DFA80426C964**

Amount of Each Receipt this Period  
9.62

Full Name (Last, First, Middle Initial)  
**B. Chris Belcher**

Mailing Address PO Box 618

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

**Transaction ID : A1E9F9C4D1DE0421E9C7**

Amount of Each Receipt this Period  
62.50

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

Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : AC0F04036843B450B94D**

Amount of Each Receipt this Period  
115.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2538.58**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : AEFD34F87F7B74E51BE6**  
 Amount of Each Receipt this Period **115.39**

**B. Ms. Deborah Betten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Claims Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.74**

Date of Receipt **10 / 28 / 2013**  
**Transaction ID : A48B7DA1109044F2DACD**  
 Amount of Each Receipt this Period **27.78**

**C. Mr. Donald Bredberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Commercial Lines Underwriting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 16 / 2013**  
**Transaction ID : AF29A03C5B1E94ED28BD**  
 Amount of Each Receipt this Period **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>153.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Heather Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Mutual Insurance Company	Occupation Personal Lines Territory Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2013

**Transaction ID : A118BF7E154914F21B45**

Amount of Each Receipt this Period  
5.00

**B. Ms. Heather Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Mutual Insurance Company	Occupation Personal Lines Territory Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

**Transaction ID : A58A8CBAF3ED84D9285E**

Amount of Each Receipt this Period  
5.00

**C. Ms. Ginny Caro**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
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FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
791.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

**Transaction ID : AF553FE1C0CB14970B47**

Amount of Each Receipt this Period  
41.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Ginny Caro</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		Transaction ID : <b>A067286D60C374DAB871</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	Vice President of Claims Services	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="833.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Ginny Caro</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		Transaction ID : <b>AFB37A8D15F324767812</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	Vice President of Claims Services	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="874.86"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles M. Chamness</b>		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.		Transaction ID : <b>A738D2408A47F47B3AC2</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="90.00"/>
Name of Employer	Occupation	
National Association of Mutual Insuran	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2790.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="173.32"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Charles M. Chamness**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : A52F84A76EDD3425AB2B**

Amount of Each Receipt this Period  
90.00

**B. Mr. Mark Coe**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
819.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2013

**Transaction ID : A23690E8D21354B8491C**

Amount of Each Receipt this Period  
39.00

**C. Mr. Mark Coe**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
858.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

**Transaction ID : A0D54C81362EA4F52B81**

Amount of Each Receipt this Period  
39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Darwin G. Copeman CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 468  
 City Neenah State WI Zip Code 54957-0468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2529.00

Date of Receipt 10 / 21 / 2013  
**Transaction ID : A816EFBB22776461F8E0**  
 Amount of Each Receipt this Period 200.00

**B. Mr. Jim Danford AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Material Damage Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A5B26E3112B674AE0BAD**  
 Amount of Each Receipt this Period 10.00

**C. Mr. Jim Danford AIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Material Damage Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2013  
**Transaction ID : A877CFCE5FBB14400AF0**  
 Amount of Each Receipt this Period 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Dan DeArment PFMM</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2013 <b>Transaction ID : A1CECE672241C48BC83A</b>
Mailing Address PO Box 646		Amount of Each Receipt this Period 250.00
City Bedford	State PA	Zip Code 15522-0646
FEC ID number of contributing federal political committee. C		
Name of Employer Friends Cove Mutual Insurance Company	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick DeGraw</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2013 <b>Transaction ID : A4BB1C07E7AFA45A5A03</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation COO & Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.65	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rick DeGraw</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 <b>Transaction ID : AD671A4E1230A4D18B4F</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C		
Name of Employer CopperPoint Mutual Insurance Company	Occupation COO & Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **874.99**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : A012D62127FA64743B53**

Amount of Each Receipt this Period **41.67**

**B. Ms. Cynthia Delong**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1776

City Yarmouth State ME Zip Code 04096-1776

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

Name of Employer Patriot Insurance Company Occupation Vice President, Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : A2EE4C652267C4296BCE**

Amount of Each Receipt this Period **10.00**

**c. Ms. Cynthia Delong**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1776

City Yarmouth State ME Zip Code 04096-1776

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

Name of Employer Patriot Insurance Company Occupation Vice President, Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 25 / 2013**

**Transaction ID : AFDFF65A2236D4C0DB76**

Amount of Each Receipt this Period **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>61.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert Detlefsen PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **913.08**

Date of Receipt **10 / 04 / 2013**  
**Transaction ID : A682D795EC48E472B9C3**  
 Amount of Each Receipt this Period **43.48**

**B. Mr. Robert Detlefsen PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **956.56**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : AA4368C54685146789FD**  
 Amount of Each Receipt this Period **43.48**

**C. Ms. Christina Donato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Field Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : AFEC0C72BDA4F4F23A10**  
 Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **96.96**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Christina Donato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Field Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : A6951994356DC4234A41**  
 Amount of Each Receipt this Period  
 10.00

**B. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2013  
**Transaction ID : AE076A178F5E0459E96F**  
 Amount of Each Receipt this Period  
 96.16

**c. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : A873626DF853B43B68B6**  
 Amount of Each Receipt this Period  
 96.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	202.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1617.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : A9F90C35E924747788F**

Amount of Each Receipt this Period **77.00**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1694.00**

Date of Receipt **10 / 25 / 2013**

**Transaction ID : AB39DC163C4D7430BA4A**

Amount of Each Receipt this Period **77.00**

**C. Mrs. Denise Enerson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 819

City Appleton State WI Zip Code 54912-0819

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

Name of Employer SECURA Insurance, A Mutual Company Occupation Spouse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 14 / 2013**

**Transaction ID : AEEC77A73EB9844A8803**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **404.00**

**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 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Stephen F. Fabian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Vice President, Chief Information Offi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 888.94

Date of Receipt 10 / 14 / 2013  
**Transaction ID : AAE7AF80678E40E98AC**  
Amount of Each Receipt this Period 111.12

**B. Mr. Stephen F. Fabian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Vice President, Chief Information Offi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.06

Date of Receipt 10 / 28 / 2013  
**Transaction ID : AA947B3931A734E44ADF**  
Amount of Each Receipt this Period 111.12

**C. Mr. Michael L. Faron CPCU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St  
City Dedham State MA Zip Code 02026-1850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation NE Commercial Business Leader  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 16 / 2013  
**Transaction ID : A9709074D6B3647A09A2**  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.24  
**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 22 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Joe Flynn**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation AVP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **293.16**

Date of Receipt **10 / 14 / 2013**

**Transaction ID : A11035BD4A473471690A**

Amount of Each Receipt this Period **38.48**

**B. Ms. Bethany Foy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Hopley Ave

City Bucyrus State OH Zip Code 44820-3569

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

Name of Employer United Ohio Insurance Company Occupation Service Center Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 14 / 2013**

**Transaction ID : AB9C6227A81CD4F8D860**

Amount of Each Receipt this Period **10.00**

**C. Ms. Bethany Foy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Hopley Ave

City Bucyrus State OH Zip Code 44820-3569

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

Name of Employer United Ohio Insurance Company Occupation Service Center Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 21 / 2013**

**Transaction ID : A0A6CD9DC421B49DE9A5**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **58.48**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Vincent Franz**

Mailing Address 1 Insurance Sq

City State Zip Code  
Celina OH 45822-1659

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

Name of Employer Occupation  
National Mutual Insurance Company Vice President, Chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : A432562A699924CAF936**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Vincent Franz**

Mailing Address 1 Insurance Sq

City State Zip Code  
Celina OH 45822-1659

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

Name of Employer Occupation  
National Mutual Insurance Company Vice President, Chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : A8C506BBE5BC842E898C**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**c. Mr. 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 Senior Vice President & CRO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2013

**Transaction ID : AA95CF2C8115C458C910**

Amount of Each Receipt this Period  
25.00

**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 24 OF 85
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Randy Gerdes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2013 <b>Transaction ID : A425E512D7A9F4AC5897</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 20.83
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C	Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.77	

Full Name (Last, First, Middle Initial) <b>B. Mr. Randy Gerdes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2013 <b>Transaction ID : A5C152026A87A46EEB9B</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 20.83
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C	Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	

Full Name (Last, First, Middle Initial) <b>C. Mr. Randy Gerdes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : A2C22EFBA2A1C44048AD</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 20.83
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C	Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **807.87**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : A735D53CE4A4C4AC096C**  
 Amount of Each Receipt this Period **38.47**

**B. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **846.34**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : A3E99D75D91ED40A7AE8**  
 Amount of Each Receipt this Period **38.47**

**C. Ms. Yvette Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **325.01**

Date of Receipt **10 / 03 / 2013**  
**Transaction ID : A074104406DEF4C8FAF6**  
 Amount of Each Receipt this Period **41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>118.61</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Yvette Gonzales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St  
City Phoenix State AZ Zip Code 85012-3074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 366.68

Date of Receipt 10 / 18 / 2013  
**Transaction ID : A76F12BE2724246F3832**  
Amount of Each Receipt this Period 41.67

**B. Ms. Yvette Gonzales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St  
City Phoenix State AZ Zip Code 85012-3074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 408.35

Date of Receipt 10 / 31 / 2013  
**Transaction ID : AA65169F2E4F94FD3905**  
Amount of Each Receipt this Period 41.67

**C. Mr. John Goodin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Underwriting Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 226.20

Date of Receipt 10 / 28 / 2013  
**Transaction ID : A98C48051E44F4274831**  
Amount of Each Receipt this Period 27.78

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.12  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1931.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

**Transaction ID : AD635F182A6D8422EB9A**

Amount of Each Receipt this Period  
113.64

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

Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2044.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : A5299A196D30B45EC9ED**

Amount of Each Receipt this Period  
113.64

**c. Mr. Christopher D. Hartrich**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 468

City Neenah	State WI	Zip Code 54957-0468
----------------	-------------	------------------------

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

Name of Employer Jewelers Mutual Insurance Company	Occupation Vice President HR/Organizational Devel
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

**Transaction ID : A7FE170DD77C74F87977**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	247.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Joseph B. Haswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : AAE6C2A03986C4E53B73**  
 Amount of Each Receipt this Period  
 10.00

**B. Mr. Shane Heeren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockford Mutual Insurance Company Director of Marketing & Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2013  
**Transaction ID : AADDAF97744E745D1BFB**  
 Amount of Each Receipt this Period  
 20.00

**c. Mr. F. Timothy Hegarty Jr., CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 07 / 2013  
**Transaction ID : AE632BF2D0B0B4803AED**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. F. Timothy Hegarty Jr., CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : A5A311409FD82431E8D3**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Dan Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President, Small Business Center  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : A164F84630A844E6FB86**  
 Amount of Each Receipt this Period  
 20.83

**C. Mr. Dan Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President, Small Business Center  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : AE2002B09509A4D6DB53**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Marcus E. Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 88  
 City Fort Worth State TX Zip Code 76101-0088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Agricultural Workers Mutual Auto Insur Occupation Chairman & President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2013  
**Transaction ID : AF89EB331783B44BE93C**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Mr. Robert Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9062  
 City Williamsville State NY Zip Code 14231-9062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erie & Niagara Insurance Association Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2013  
**Transaction ID : A6D079EC0CD5A4D45849**  
 Amount of Each Receipt this Period  
**250.00**

**C. Mr. Timothy R. Hyle CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Finance & Risk Managem  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2013  
**Transaction ID : AFE550D1981C94D6F84F**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 85
	<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"/>	<input type="checkbox"/> 17

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

**A. Ms. Theresa Jakubick**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 14 / 2013**

**Transaction ID : A15C60DB7B8C34293920**

Amount of Each Receipt this Period **200.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **10 / 21 / 2013**

**Transaction ID : ADB1CF28FF5E74D8A98F**

Amount of Each Receipt this Period **200.00**

**C. Mr. Gary Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President, Business Ins

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 14 / 2013**

**Transaction ID : AA96BE28E9EDE422FB87**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Gary Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	Assistant Vice President, Business Ins

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

**Transaction ID : AC9CDAD991211488784F**

Amount of Each Receipt this Period  

9	9	9	9	9	9	9	9	9	9
									10.00

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

Mailing Address 3030 N 3rd St

City	State	Zip Code
Phoenix	AZ	85012-3074

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

Name of Employer	Occupation
CopperPoint Mutual Insurance Company	EVP - Chief Sales & Business Developme

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **801.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2013			

**Transaction ID : A969753D7C2C74163827**

Amount of Each Receipt this Period  

9	9	9	9	9	9	9	9	9	9
									42.00

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

Mailing Address 3030 N 3rd St

City	State	Zip Code
Phoenix	AZ	85012-3074

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

Name of Employer	Occupation
CopperPoint Mutual Insurance Company	EVP - Chief Sales & Business Developme

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **843.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2013			

**Transaction ID : A57826544939749DE82F**

Amount of Each Receipt this Period  

9	9	9	9	9	9	9	9	9	9
									42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>94.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation EVP - Chief Sales & Business Developme

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **885.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : A6D33650A525A4F3BB81**

Amount of Each Receipt this Period **42.00**

**B. Mr. Jeffrey R. Kargus CPS, CPCU**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 819

City Appleton State WI Zip Code 54912-0819

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

Name of Employer SECURA Insurance, A Mutual Company Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 14 / 2013**

**Transaction ID : A40896F405A9247E688B**

Amount of Each Receipt this Period **500.00**

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **727.36**

Date of Receipt **10 / 04 / 2013**

**Transaction ID : A1BB9DA6C480E4D97ACD**

Amount of Each Receipt this Period **45.46**

**SUBTOTAL** of Receipts This Page (optional)..... **587.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **772.82**

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : A7813A87459204A7F939**

Amount of Each Receipt this Period  
**45.46**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
10 / 04 / 2013  
**Transaction ID : A517E2FA6DDAC40A1894**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : A6B33044CAD004AD3AB7**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **65.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 444.48

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A4AB623EF4BB04BD48A1**  
 Amount of Each Receipt this Period 55.56

**B. Mr. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 10 / 28 / 2013  
**Transaction ID : A00DF605E2DE44FCC921**  
 Amount of Each Receipt this Period 55.56

**c. Mr. Vaughn Kidd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Supervising Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.20

Date of Receipt 10 / 28 / 2013  
**Transaction ID : A3B98F51CAC6447F493A**  
 Amount of Each Receipt this Period 27.78

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

**A. Mr. Andrew Knudsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : A6CC6B37D612B42D6B76**  
 Amount of Each Receipt this Period 38.00

**B. Mr. Andrew Knudsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : A4E114880904C4416B99**  
 Amount of Each Receipt this Period 38.00

**c. Mr. Andy Lanphere MLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Agency Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : A2BF63C71266A468E805**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.00  
**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 37 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Andy Lanphere MLIS**

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 **Agency Account Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2013			

**Transaction ID : A0E4F5FD063514778B1A**

Amount of Each Receipt this Period  

									10.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Justin L. Lear PFMM**

Mailing Address **PO Box 396**

City **Ellinwood** State **KS** Zip Code **67526-0396**

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

Name of Employer **Farmers Mutual Insurance Company** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

**Transaction ID : AF6AA07DE91F545908E7**

Amount of Each Receipt this Period  

									30.00

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

Mailing Address **200 N Main St**

City **Bel Air** State **MD** Zip Code **21014-3544**

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 ▼ **2456.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

**Transaction ID : AF640C77784D94EA68F1**

Amount of Each Receipt this Period  

									209.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Roger Looyenga**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2013  
**Transaction ID : A520B73535F6F4992BEE**

Amount of Each Receipt this Period 250.00

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

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Manager - Commercial Lines E-Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A43C705CDBC474094918**

Amount of Each Receipt this Period 40.00

**C. Ms. Rae Malesh**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 283.50

Date of Receipt 10 / 04 / 2013  
**Transaction ID : A83E0E33935B04859A98**

Amount of Each Receipt this Period 13.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 303.50

**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 40 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Phil McCain</b>		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : <b>AC8DC64EF8CD0447885B</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.47"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="846.34"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian S. McLeod</b>		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : <b>A53BAF1A1B9C74EDAB6F</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.50"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="808.50"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian S. McLeod</b>		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : <b>A5766B18DFDD2440695D</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.50"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="847.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.47"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Arthur L. Meadows**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3727 Waynesburg Pike Road  
 City Moundsville State WV Zip Code 26041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panhandle Farmers Mutual Insurance Com Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2013  
**Transaction ID : ABD8967E970A64FEE99D**  
 Amount of Each Receipt this Period  
 602.00

**B. Mr. Kevin M. Meskell**  
 Full Name (Last, First, Middle Initial)  
 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 Insurance Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2013  
**Transaction ID : ABBDA7D9939264A19884**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. David Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2013  
**Transaction ID : ABCFA2CE9E7824EE5ACA**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	742.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David Middleton</b>		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
National Association of Mutual Insuran	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="880.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Dona L. Mohr</b>		Date of Receipt
Mailing Address 1725 Hopley Ave		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bucyrus	OH	44820-3569
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Assistant Vice President-Quality Servi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="910.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Dona L. Mohr</b>		Date of Receipt
Mailing Address 1725 Hopley Ave		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bucyrus	OH	44820-3569
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Assistant Vice President-Quality Servi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="955.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Joel P. Murray</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2013
Mailing Address 222 Ames St			<b>Transaction ID : A8FFB763A8AB54BA0943</b>
City Dedham	State MA	Zip Code 02026-1850	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Vice President, Personal Lines & Marke		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Joel P. Murray</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2013
Mailing Address 222 Ames St			<b>Transaction ID : AB9352513AE624339BBF</b>
City Dedham	State MA	Zip Code 02026-1850	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Vice President, Personal Lines & Marke		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Eric Nelson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2013
Mailing Address 1460 Wells St			<b>Transaction ID : A74DDFD4FE7394B1A957</b>
City Enumclaw	State WA	Zip Code 98022-3003	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mutual of Enumclaw Insurance Company	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Robert F. Ohler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 888.94

Date of Receipt 10 / 14 / 2013  
**Transaction ID : AFD1FE2E85D4D4E77B9A**  
 Amount of Each Receipt this Period 111.12

**B. Mr. Robert F. Ohler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.06

Date of Receipt 10 / 28 / 2013  
**Transaction ID : A16A015F845A540AA8BF**  
 Amount of Each Receipt this Period 111.12

**C. Ms. Angela Panowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Underwriting Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.86

Date of Receipt 10 / 14 / 2013  
**Transaction ID : AB711E0F872714B2DAF6**  
 Amount of Each Receipt this Period 27.78

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 85
	<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"/>	<input type="checkbox"/> 17

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

**A. Ms. Angela Panowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Underwriting Supervisor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013  
**Transaction ID : ABAFC6E3B7A74489FAA2**  
 Amount of Each Receipt this Period  
 27.78

**B. Mr. John A. Paul PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 498  
 City State Zip Code  
 Council Bluffs IA 51502-0498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Western Iowa Mutual Insurance Associat President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2013  
**Transaction ID : A0DBD90C761F64D0380B**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Helen Pettersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City State Zip Code  
 Dedham MA 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Project Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : A79DA0DC016E847BC84D**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. June A. Poole A.I.A.F.</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : A5E87F31943A74CAF81F</b>
Bel Air	MD	
Zip Code		Amount of Each Receipt this Period
21014-3544		<input type="text" value="27.78"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Harford Mutual Insurance Company	Vice President & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="277.80"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. June A. Poole A.I.A.F.</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : A9B6039FD00C744B4B9D</b>
Bel Air	MD	
Zip Code		Amount of Each Receipt this Period
21014-3544		<input type="text" value="27.78"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Harford Mutual Insurance Company	Vice President & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="305.58"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Mike Rasmussen</b>		Date of Receipt
Mailing Address 1460 Wells St		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : A241F8F1BC9764B9EA94</b>
Enumclaw	WA	
Zip Code		Amount of Each Receipt this Period
98022-3003		<input type="text" value="21.68"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mutual of Enumclaw Insurance Company	Field Claim Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="238.48"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="77.24"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Liz Reynolds CPCU, API**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Southeast Region  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 04 / 2013**  
**Transaction ID : A4F38D2BF47B34478A6A**  
 Amount of Each Receipt this Period **100.00**

**B. Ms. Liz Reynolds CPCU, API**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Southeast Region  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : A58B18086534247C1AAE**  
 Amount of Each Receipt this Period **100.00**

**C. Mr. Todd W. Rissel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3518  
 City Stamford State CT Zip Code 06905-0518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer e2Value, Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 14 / 2013**  
**Transaction ID : A0B4FD56017064F92B86**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1020.00**  
**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 48 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jonathan Rodgers**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Accounting Regulation Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : A1700AD7F77604F7DA49**

Amount of Each Receipt this Period 10.00

**B. Mr. Jonathan Rodgers**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Accounting Regulation Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : A39CF44E3D66E4A7CAED**

Amount of Each Receipt this Period 10.00

**C. Mr. Ed Roesch**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : A1DF606F261CC406E8F2**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 49 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Ed Roesch**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : A27A8304C7BEB40C9924**

Amount of Each Receipt this Period 100.00

**B. Ms. Mary Rowlinson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Claims Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A0A6792EA9BA247019B4**

Amount of Each Receipt this Period 25.00

**C. Ms. Mary Rowlinson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Claims Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 21 / 2013  
**Transaction ID : A4B567A6850714EFDB74**

Amount of Each Receipt this Period 25.00

**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 50 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Director of Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.20

Date of Receipt 10 / 28 / 2013  
**Transaction ID : A877E5DE1E13245D796E**

Amount of Each Receipt this Period 27.78

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

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation Personal Lines Underwriting Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A20E67765CC414C92A21**

Amount of Each Receipt this Period 20.00

**C. Ms. Judy Schumacher**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Assistant Vice President, Administrati

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.69

Date of Receipt 10 / 03 / 2013  
**Transaction ID : AF7DA5BE214E9466E851**

Amount of Each Receipt this Period 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Judy Schumacher</b>			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Phoenix	State AZ	Zip Code 85012-3074	<b>Transaction ID : A8C3D812648924F6DAEF</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period	<input type="text" value="20.83"/>
Name of Employer CopperPoint Mutual Insurance Company	Occupation Assistant Vice President, Administrati	Aggregate Year-to-Date ▼	<input type="text" value="416.52"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Judy Schumacher</b>			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Phoenix	State AZ	Zip Code 85012-3074	<b>Transaction ID : A9A9071B90CB748DCAD2</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period	<input type="text" value="20.83"/>
Name of Employer CopperPoint Mutual Insurance Company	Occupation Assistant Vice President, Administrati	Aggregate Year-to-Date ▼	<input type="text" value="437.35"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Rebecca Sellers</b>			Date of Receipt
Mailing Address 1460 Wells St			<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Enumclaw	State WA	Zip Code 98022-3003	<b>Transaction ID : AE8DBD7B561164FBEA42</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer Mutual of Enumclaw Insurance Company	Occupation Field Claim Manager	Aggregate Year-to-Date ▼	<input type="text" value="220.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="61.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kent B. Shantz</b>		Date of Receipt
Mailing Address PO Box 5626		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockford	IL	61125-0626
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A4600A0F063F94B6493D</b>
Name of Employer Rockford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President of Operations		<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="819.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. William D. Sheldon</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A10405CEE962B452C808</b>
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation General Counsel and Chief Compliance O		<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.77"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. William D. Sheldon</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A1944EB249B214BE2A0D</b>
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation General Counsel and Chief Compliance O		<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="119.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. William D. Sheldon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation General Counsel and Chief Compliance O  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.43

Date of Receipt 10 / 31 / 2013  
**Transaction ID : AFFF362F50FAD4424B6D**  
 Amount of Each Receipt this Period 20.83

**B. Mr. Christopher G. Shipe CPCU, AIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 58  
 City Waterford State VA Zip Code 20197-0058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt 10 / 21 / 2013  
**Transaction ID : ABB197FC6978D4DBAA9D**  
 Amount of Each Receipt this Period 166.67

**C. Mr. K. Wayne Simmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3727 Waynesburg Pike Road  
 City Moundsville State WV Zip Code 26041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panhandle Farmers Mutual Insurance Com Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A0F6BC62692844D86B99**  
 Amount of Each Receipt this Period 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	487.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Donald A. Smith Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 10 / 03 / 2013  
**Transaction ID : A8C8C02BD39CA47DFAC/**  
 Amount of Each Receipt this Period 105.00

**B. Mr. Donald A. Smith Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : A653CB50F19FB467EB95**  
 Amount of Each Receipt this Period 105.00

**C. Mr. Donald A. Smith Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2205.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : ACDB897388B4648C1941**  
 Amount of Each Receipt this Period 105.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Irica Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

**Transaction ID : A02092D7B584945BDA4D**

Amount of Each Receipt this Period  

45.46
-------

**B. Ms. Irica Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **816.26**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : A87A6EDFB45784ED2B5F**

Amount of Each Receipt this Period  

45.46
-------

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

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3544
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation Executive Vice President & General Cou
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2013

**Transaction ID : A3F2EEAEE4B9B409AB0E**

Amount of Each Receipt this Period  

111.12
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>202.04</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. John R. Spielberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Executive Vice President & General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 777.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013  
**Transaction ID : A262A15FC14D9458D911**  
 Amount of Each Receipt this Period  
 111.12

**B. Ms. Kristen Spriggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2013  
**Transaction ID : AD0290A425CD547F3A31**  
 Amount of Each Receipt this Period  
 20.00

**C. Ms. Kristen Spriggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : AE8D42A590045481DAA0**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 151.12  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Applications Development Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.20

Date of Receipt 10 / 28 / 2013  
**Transaction ID : ADCABDA0C8686445EA24**

Amount of Each Receipt this Period 27.78

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

Mailing Address 29 Creighton Ave

City Foxboro State MA Zip Code 02035-1405

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 07 / 2013  
**Transaction ID : ACC7492B9C914474FB1F**

Amount of Each Receipt this Period 20.00

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

Mailing Address 29 Creighton Ave

City Foxboro State MA Zip Code 02035-1405

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 16 / 2013  
**Transaction ID : A573A17854F8D4A36A90**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.78

**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 58 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1963.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013  
**Transaction ID : A324F1804D4294AFC8E6**  
 Amount of Each Receipt this Period  
 96.15

**B. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2059.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : AB0F48F7C39A0463E8A6**  
 Amount of Each Receipt this Period  
 96.15

**C. Mr. Terry Suttner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.22

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013  
**Transaction ID : A09C89C54A9FD4EA182C**  
 Amount of Each Receipt this Period  
 52.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	244.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Membership/Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 736.85	

Date of Receipt  
10 / 18 / 2013  
Transaction ID : AA4BC808FA3434114833

Amount of Each Receipt this Period  
52.63

**B. Mr. Paul Tetrault**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Date of Receipt  
10 / 04 / 2013  
Transaction ID : A9E655C9D3EF74D08908

Amount of Each Receipt this Period  
20.00

**C. Mr. Paul Tetrault**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt  
10 / 18 / 2013  
Transaction ID : AFB85B17CD7DE4BF3A3D

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Date of Receipt  
10 / 04 / 2013  
Transaction ID : AA6CAD0B4763F42DD8B3

Amount of Each Receipt this Period  
40.00

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Date of Receipt  
10 / 18 / 2013  
Transaction ID : AA4D378119D874C01AD7

Amount of Each Receipt this Period  
40.00

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

City Algona	State IA	Zip Code 50511-0594
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Mutual Insurance Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2425.00	

Date of Receipt  
10 / 21 / 2013  
Transaction ID : A3871018C77DF452E98F

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Gary W. Thompson CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2013  
**Transaction ID : A58BB855CB6AA4D9F993**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2013  
**Transaction ID : A9E5CEA447F7C42FD879**  
 Amount of Each Receipt this Period  
 39.00

**C. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : A411EBA3B07F84A74BA0**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 85
<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Ellen S. Truant</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code Bel Air MD 21014-3544		<b>Transaction ID : AF8CC2F929D734957BB0</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="55.56"/>
Name of Employer Harford 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 ▼ <input type="text" value="420.66"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Ellen S. Truant</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Bel Air MD 21014-3544		<b>Transaction ID : AB415DDBC5FED434FACF</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="55.56"/>
Name of Employer Harford 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 ▼ <input type="text" value="476.22"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael Ulmer</b>		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City State Zip Code Indianapolis IN 46268-0700		<b>Transaction ID : AC569B3D6FDEF4C0AB37</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="121.12"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael Ulmer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : A4683C72048F84845851**

Amount of Each Receipt this Period 100.00

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

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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 ▼ 690.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A6B3BE2C62D3343E5B6E**

Amount of Each Receipt this Period 80.00

**c. Mr. Joseph Walsh CPCU, CIC,**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Manager - Business Insurance Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2013  
**Transaction ID : A3F9E46881C2B4608A34**

Amount of Each Receipt this Period 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 85
	<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"/>	<input type="checkbox"/> 17

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

**A. Mr. Joseph Walsh CPCU, CIC,**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Manager - Business Insurance Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
10 / 21 / 2013  
**Transaction ID : A1C429145A6474FD29EE**

Amount of Each Receipt this Period  
10.00

**B. Mr. Gordo Watson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3428

City Knoxville	State TN	Zip Code 37927-3428
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Mutual of Tennessee	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
10 / 14 / 2013  
**Transaction ID : A74817DD0E08A4207A47**

Amount of Each Receipt this Period  
250.00

**C. Mr. Robert A. White CIC, ARM,**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 S Wacker Dr Ste 2380

City Chicago	State IL	Zip Code 60606-4617
FEC ID number of contributing federal political committee. C		
Name of Employer First Nonprofit Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
10 / 15 / 2013  
**Transaction ID : A8B386C4DF6234D4CA5D**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Garth P. Wicinsky</b>		Date of Receipt
Mailing Address PO Box 819		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Appleton	WI	54912-0819
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A3523FD1452A54AB7826</b>
Name of Employer SECURA Insurance, A Mutual Company		Amount of Each Receipt this Period
Occupation Vice President, Human Resources		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Noel A. Williams</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A31CA2E8407EE4F36B28</b>
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President of Underwriting		<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="595.77"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Noel A. Williams</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A320D4ACA6CBA42B7AFA</b>
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President of Underwriting		<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="616.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="291.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Noel A. Williams</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Phoenix State AZ Zip Code 85012-3074		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AB3E2FAB52EFB4CEB881</b>
Name of Employer: CopperPoint Mutual Insurance Company Occupation: Vice President of Underwriting		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="20.83"/>
Aggregate Year-to-Date ▼		<input type="text" value="637.43"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel Witt</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Phoenix State AZ Zip Code 85012-3074		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A4064772B5D704E79BDC</b>
Name of Employer: CopperPoint Mutual Insurance Company Occupation: Claims Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="15.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="285.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel Witt</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Phoenix State AZ Zip Code 85012-3074		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : ACA00BC5ADA4147DE9C0</b>
Name of Employer: CopperPoint Mutual Insurance Company Occupation: Claims Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="15.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="50.83"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 67 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel Witt</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		Transaction ID : <b>A7A4C668ABC2E4EAAAF!</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	Claims Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="315.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sharon V. Woodward</b>		Date of Receipt
Mailing Address 100 N Charles St Ste 640		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Baltimore	MD	21201-3808
FEC ID number of contributing federal political committee.		Transaction ID : <b>AFF396E0A846945C1978</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Baltimore Equitable Insurance	President/CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="390.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. William J. Wynne</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee.		Transaction ID : <b>A3288CCF6DC194192879</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="27.78"/>
Name of Employer	Occupation	
Harford Mutual Insurance Company	Underwriting Specialist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="226.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="72.78"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="12538.15"/>

**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 OF 85
<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**

Full Name (Last, First, Middle Initial)  
**A. American Family Mutual Insurance Company Federal PAC (AMFAM PAC)**

Mailing Address 6000 American Parkway

City Madison	State WI	Zip Code 53783
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00354290

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2013

**Transaction ID : AF01F8C9C20624AB18C4**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Liberty Mutual Insurance Company - PAC**

Mailing Address 175 Berkeley Street

City Boston	State MA	Zip Code 02117
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00171843

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

**Transaction ID : A6A057DC76AB74A17BFA**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 44 EAST MIFFLIN STREET SUITE 801

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00545194

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2013

**Transaction ID : A8BF0BB25A8D64E22AEF**

Amount of Each Receipt this Period  
3000.00

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

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

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

FOR LINE NUMBER: PAGE 69 OF 85  
(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. Shelter Mutual Insurance Company Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1817 West Broadway  
 City Columbia State MO Zip Code 65218  
 FEC ID number of contributing federal political committee. **C** C00140384  
 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 Y Y  
 10 / 14 / 2013  
**Transaction ID : A25813628E39742999B2**  
 Amount of Each Receipt this Period  
 5000.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 70 OF 85
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 14	<input type="checkbox"/> 17

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

**A. NAMIC Administrative Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Vincennes Rd

City Indianapolis	State IN	Zip Code 46268-1154
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2101.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : AC86B89B9667246749FA**

Amount of Each Receipt this Period  
233.77

Reimb. of bank fees

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.77
<b>TOTAL</b> This Period (last page this line number only).....▶	233.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2013

**Transaction ID : B198DD30FD188414EA9B**

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

**Transaction ID : B506405589D8944BD85D**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

**Transaction ID : B27F6A7E4CDF7483083E**

Amount of Each Disbursement this Period

116.34

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

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

127.54

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

### A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2013

Transaction ID : BE4ECA3F8C248476CACB

Amount of Each Disbursement this Period

2.50
------

Full Name (Last, First, Middle Initial)

### B. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : B23DDC0D7F09B44038F1

Amount of Each Disbursement this Period

554.38
--------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

556.88
--------

684.42
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: The Fund For A Greater America**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) Other2013

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

Transaction ID : BEEEA72180CFE45F19E3

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR WATERS**

Mailing Address 3700 WILSHIRE BLVD., STE. 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Maxine Waters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

Transaction ID : B6319EDCCF6134F0FAFC

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Collins for Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Susan M. Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

Transaction ID : B15AFFEAE776B424681A

Amount of Each Disbursement this Period

1000.00
---------

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

7000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CRENSHAW FOR CONGRESS CAMPAIGN**

Mailing Address 7235 BONNEVAL ROADSUITE 210

City Jacksonville State FL Zip Code 32256-7506

Purpose of Disbursement  
FL US House

Candidate Name

**Rep. Ander Crenshaw**

Office Sought:  House  
 Senate  
 President  
State: FL District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B6ACD76BD977C41D381A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Joseph Crowley**

Office Sought:  House  
 Senate  
 President  
State: NY District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B8401C92717014C978B0**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GOP GENERATION Y FUND**

Mailing Address PO BOX 9055

City Peoria State IL Zip Code 61612-9055

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Other2013

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : BC31E6103E9DA49E7868**

Amount of Each Disbursement this Period

2500.00

**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)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : BACD015C94AA2456BB55**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. HUDSON FOR CONGRESS**

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Richard L. Hudson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B4A8CFEDBAD1B4812AC5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jim Gerlach for Congress Committee**

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jim W. Gerlach**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B47D66B4566634AE69CD**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Jobs, Economy and Budget Fund (JEB FUND)**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Other2013**

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B945FE40CA4CA4F08873**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City State Zip Code  
La Crosse WI 54601

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Ron J. Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **▼**

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B92964F5459D64020932**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **▼**

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : B69639FBC7C72447E997**

Amount of Each Disbursement this Period

1000.00

**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**

Full Name (Last, First, Middle Initial)

**A. ROTHFUS FOR CONGRESS**

Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement  
Political Contribution

Candidate Name

**Keith Rothfus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : B141AEA7D3C15457F8B4**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Southerland for Congress**

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Steve Southerland II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : B2CDF12B8AB5B446899A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3500.00

24000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Bethel for Georgia Senate**

Mailing Address 1701 Briarcliff Circle

City Dalton State GA Zip Code 30720-5184

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : BDBE1D52F22BA477AAF5**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Campaign Fund to Re-elect State Representative Steve Riggs**

Mailing Address PO Box 24586

City Louisville State KY Zip Code 40224

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : B0C141FED64A04244A5D**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Casey Cagle for Lt. Governor**

Mailing Address P.O. Box 12137

City Atlanta State GA Zip Code 30355-2137

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : B3E75818CB6F14A28BBF**

Amount of Each Disbursement this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Gregory D. Stumbo**

Mailing Address PO BOX 1473

City PRESTONSBURG State KY Zip Code 41653

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : BF19B48CDCBE149998D5**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Josh McKoon**

Mailing Address P.O. Box 2565

City Columbus State GA Zip Code 31902-2565

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : B357A4E3BDA074679A16**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Tom Rice**

Mailing Address 11213 Brookhaven Club Drive

City Johns Creek State GA Zip Code 30097

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : B2CD95D040B954BB6B5B**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Re-Elect John Meadows**

Mailing Address 110 Victory Court

City Calhoun State GA Zip Code 30701-2457

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

**Transaction ID : BD054563B9C954526853**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Dave Albo for Delegate**

Mailing Address P.O. Box 406

City Richmond State VA Zip Code 23218-0406

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : BA0522C465B454A5788C**

Amount of Each Disbursement this Period

750.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of David Yancey**

Mailing Address PO Box 1163

City Newport News State VA Zip Code 23601-0163

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : BFB94DB27ADDF4BFEB11**

Amount of Each Disbursement this Period

750.00

Category/  
Type

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of John Watkins**

Mailing Address 101 Dry Bridge Road

City Midlothian State VA Zip Code 23114-7300

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : BBB2875D52A654E29A63**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Rob Bell for Delegate**

Mailing Address 2309 Finch Court

City Charlottesville State VA Zip Code 22911-8391

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : B5DCBF96652014C67817**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Walter Stosch**

Mailing Address 4551 Cox Road  
Suite 110

City Glen Allen State VA Zip Code 23060

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : B5154CEE4E25B44CC94D**

Amount of Each Disbursement this Period

1000.00
---------

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

2750.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Wendell Willard**

Mailing Address 755 River Gate Drive

City Sandy Springs State GA Zip Code 30350-4621

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

**Transaction ID : B511CBE675C5E496EA4E**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Howell for Delegate**

Mailing Address PO Box 406

City Richmond State VA Zip Code 23218-0406

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2013

**Transaction ID : BE60CAC4B4E35473AB81**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Jay Powell for Representative**

Mailing Address Post Office Box 188

City Camilla State GA Zip Code 31730-0188

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

**Transaction ID : B11502D47D0614DA0ABC**

Amount of Each Disbursement this Period

300.00

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

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

1550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Keep State Representative Jeff Greer**

Mailing Address PO Box 1007

City Bradenburg State KY Zip Code 40108

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : BEE81518EF081489AB5A**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Kilgore for Delegate**

Mailing Address 3273 Manville Road

City Gate City State VA Zip Code 24251

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : BC9A74FCFBC7E48468F9**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Norment for Senate**

Mailing Address P.O. Box 6205

City Williamsburg State VA Zip Code 23188-5220

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : BFB9821215C394E5CA50**

Amount of Each Disbursement this Period

1000.00
---------

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

2250.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ralston for Representative Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

Mailing Address Post Office Box 188

**Transaction ID : BB16EF1D6F86B47F8B62**

City State Zip Code  
Blue Ridge GA 30513-0004

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Re-Elect Senator Robert Stivers**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

Mailing Address 207 Main St

**Transaction ID : B4AC478BAE41947F385D**

City State Zip Code  
Manchester KY 40962

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Political Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Roger Bedford for AL Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

Mailing Address P.O. Box 370

**Transaction ID : B418C42E9389345898FE**

City State Zip Code  
Russellville AL 35653-0370

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

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

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

1750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ruff for Senate**

Mailing Address Post Office Box 332

City Clarksville State VA Zip Code 23927-0332

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2013			

**Transaction ID : B1B7C61495887459A8BF**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tom Buford for State Senate**

Mailing Address 409 West Maple Street

City Nicholasville State KY Zip Code 40356

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2013			

**Transaction ID : B52315795FC0C4956B9C**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

1750.00
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**TOTAL** This Period (last page this line number only)..... ▶

14850.00
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