

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Gregg Dykstra

Signature of Treasurer Electronically Filed by Gregg Dykstra Date 04 13 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		100241.13
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	100241.13									
(c) Total Receipts (from Line 19)	85348.29	85348.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	185589.42	185589.42								
7. Total Disbursements (from Line 31)	60895.57	60895.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	124693.85	124693.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	47896.73	47896.73
(ii) Unitemized	20903.90	20903.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68800.63	68800.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11500.00	11500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80300.63	80300.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	47.66	47.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	85348.29	85348.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	85348.29	85348.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	295.57	295.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	295.57	295.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	60500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60895.57	60895.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60895.57	60895.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	80300.63	80300.63
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80200.63	80200.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	295.57	295.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	295.57	295.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 64
(check only one)

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

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

A.

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 26 / 2010

Transaction ID: 051D3E91DD38C51172F

Amount of Each Receipt this Period 39.00

B.

Full Name (Last, First, Middle Initial)
Dan Anderson

Mailing Address PO Box 276

City Canton State SD Zip Code 57013-0276

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

Name of Employer Farm Mutual Insurance Com-pany of Linco Occupation Secretary/Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2010

Transaction ID: D59D29728637CD4F21F

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address PO Box 276

City Canton State SD Zip Code 57013-0276

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

Name of Employer Farm Mutual Insurance Com-pany of Linco Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 13 / 2010

Transaction ID: 53F9119AA5203DE379A

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1289.00

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 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Robert W. Bedell, III

Mailing Address PO Box 9346

City Columbia State SC Zip Code 29290-0346

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

Name of Employer Southern Mutual Church Insurance Compa
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 049E6346A789EB22FA8
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48734

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

Name of Employer Frankenmuth Mutual Insurance Company
Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.73

Date of Receipt 01 / 29 / 2010
Transaction ID: 9B97CEEE847981AED10
Amount of Each Receipt this Period 115.39

C.

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48734

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

Name of Employer Frankenmuth Mutual Insurance Company
Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.73

Date of Receipt 02 / 10 / 2010
Transaction ID: 70D8B0A85ECECF6C42E
Amount of Each Receipt this Period 115.39

SUBTOTAL of Receipts This Page (optional) ▶ **730.78**

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 9 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 02 / 24 / 2010		
	Mailing Address One Mutual Avenue		Transaction ID: BF0EB5A05B6428586CE		
	City Frankenmuth	State MI	Zip Code 48734	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 807.73		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 03 / 03 / 2010		
	Mailing Address One Mutual Avenue		Transaction ID: 5A1C37B401F17E94326		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 807.73		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt MM / DD / YYYY 03 / 08 / 2010		
	Mailing Address One Mutual Avenue		Transaction ID: 4D3D6D803948153A7B5		
	City Frankenmuth	State MI	Zip Code 48787-0001	Amount of Each Receipt this Period 115.39	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Frankenmuth Mutual Insurance Company	Occupation President & COO	Aggregate Year-to-Date 807.73		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 64

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave.

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company President & COO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 807.73

Date of Receipt

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

Transaction ID: FB7C1B7081604443ED1

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

Charles Billingsly

Mailing Address PO Box 452

City State Zip Code
Franklin IN 46131-0452

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

Name of Employer Occupation
Farmers Mutual Insurance Company of Jo Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

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

Transaction ID: 2F6261249F3FD739E22

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

John J. Bishop, CPCU, CLU

Mailing Address 471 East Broad Street

City State Zip Code
Columbus OH 43215-3842

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: BED1FFFA1E97C9256F1

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2940.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Clarence Boyle, Sr.

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Harford Mutual Insurance Company
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: 3985CD30E8AAEB7BEB7

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Patrick Bradley, CPCU

Mailing Address PO Box 7008

City State Zip Code
Macon GA 31209-7008

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

Name of Employer Georgia Farm Bureau Mutual Insurance C
Occupation Risk Management and Compliance Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 9E68D14ED24B621ABA2

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Robert P. Brady

Mailing Address 633 Shiloh Pike
633 Shiloh Pike

City State Zip Code
Bridgeton NJ 08302-1452

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

Name of Employer Cumberland Mutual Fire Insurance Compa
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: A28149DE3277D8D86C7

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 12 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mike A. Brogan		Date of Receipt	
	Mailing Address PO Box 111		M M / D D / Y Y Y Y Y 03 / 24 / 2010	
	City	State	Zip Code	Transaction ID: 187776B852B37DFE10F
	Bucyrus	OH	44820-0111	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Ohio Mutual Insurance Company		Occupation Vice President of Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Thomas E. Callanan		Date of Receipt	
	Mailing Address PO Box 571918		M M / D D / Y Y Y Y Y 02 / 12 / 2010	
	City	State	Zip Code	Transaction ID: BA0B9D62CD4AC50C6EC
	Salt Lake City	UT	84157-1918	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Advantage Workers' Compensation Insura		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Scott Carmack		Date of Receipt	
	Mailing Address 1510 North Elms Road		M M / D D / Y Y Y Y Y 02 / 05 / 2010	
	City	State	Zip Code	Transaction ID: 0B9BE04D9882310C4A8
	Flint	MI	48532-2033	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Pioneer State Mutual Insurance Company		Occupation Director of Underwriting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 64
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Tod J. Carmony, CPCU

Mailing Address 3873 Cleveland Rd

City State Zip Code
Wooster OH 44691-1221

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

Name of Employer Wayne Mutual Insurance Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2010

Transaction ID: 0431C7DB31C52BC7B59

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Randall Carpenter

Mailing Address PO Box 1070

City State Zip Code
Galax VA 24333-1070

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

Name of Employer Grayson Carroll Wythe Mutual Insurance
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2010

Transaction ID: CFE981E656C830537C1

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kevin Carson

Mailing Address PO Box 452

City State Zip Code
Franklin IN 46131-0452

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

Name of Employer Farmers Mutual Insurance Company of Jo
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: FD6069A12C50482EC44

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 64
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Steve J. Catranis

Mailing Address 633 Shiloh Pike

City State Zip Code
Bridgeton NJ 08302-1452

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

Name of Employer Occupation
Cumberland Mutual Fire Insurance Compa Senior Vice President - Marketing

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

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: 6D5ADB54D72FD10C79E

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Peter M. Cazzolla

Mailing Address PO Box 3110

City State Zip Code
Monterey CA 93942-3110

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

Name of Employer Occupation
California Capital Insurance Company President and CEO

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

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: 70EF8461D7ED94A72C7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jay W. Chadwick

Mailing Address PO Box 7

City State Zip Code
Wyalusing PA 18853-0007

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

Name of Employer Occupation
Tuscarora Wayne Insurance Company President/CEO

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

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: 973D68D3847BCEC07B1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 64
(check only one)

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

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

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

A.

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 02 / 12 / 2010

Transaction ID: A1A5AAF039874FA5E20

Amount of Each Receipt this Period 90.00

B.

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 02 / 26 / 2010

Transaction ID: C840035F6D857D974B8

Amount of Each Receipt this Period 90.00

C.

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 03 / 15 / 2010

Transaction ID: 4C856ADE20A627A554E

Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 64
(check only one)

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

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

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

A.

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

Mailing Address Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 03 / 26 / 2010
Transaction ID: B6B3D009F4A099777F0

Amount of Each Receipt this Period 90.00

B.

Full Name (Last, First, Middle Initial)
Lea Coll

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 Com-pany Occupation General Accounting Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010
Transaction ID: 6B2AEF9373219AF97F4

Amount of Each Receipt this Period 150.00

C.

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

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2010
Transaction ID: 12575578FAC03B4E318

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **340.00**

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 17 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Connie Costigan		Date of Receipt MM / DD / YYYY 02 / 02 / 2010		
	Mailing Address PO Box 597		Transaction ID: 79900DCB780D6E190B6		
	City Warrensburg	State MO	Zip Code 64093-0597	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Central Mutual Insurance Company	Occupation Secretary/Manager	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Erin M. Cummings		Date of Receipt MM / DD / YYYY 02 / 12 / 2010		
	Mailing Address 222 Ames Street		Transaction ID: 927B88589A7E8A6F8B9		
	City Dedham	State MA	Zip Code 02026-1850	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Division Manager, IT	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dan Czmer		Date of Receipt MM / DD / YYYY 02 / 05 / 2010		
	Mailing Address 1510 North Elms Road		Transaction ID: 743DC99C6A56AFE800E		
	City Flint	State MI	Zip Code 48532-2033	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pioneer State Mutual Insurance Company	Occupation Board of Directors	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jack D'Arcy

Mailing Address 1510 North Elms Road

City State Zip Code
Flint MI 48532-2033

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

Name of Employer Occupation
Pioneer State Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	1	0

Transaction ID: 24034DF92847CC86DE9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Davis

Mailing Address 1510 North Elms Road

City State Zip Code
Flint MI 48532-2033

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

Name of Employer Occupation
Pioneer State Mutual Insurance Company Vice President Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	1	0

Transaction ID: 4EFB1119D7F157E5EF6

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Daniel Dierks

Mailing Address PO Box 59

City State Zip Code
Traer IA 50675-0059

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

Name of Employer Occupation
Farmers Mutual Insurance Association Secretary/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 63CE2F3968F72056B47

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 19 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Dodds	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address PO Box 900	Transaction ID: 65E55D91E33EF435ED6
	City State Zip Code Lititz PA 17543-7007	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lititz Mutual Insurance Company Occupation Legal/Compliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Chuck Easum	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address PO Box 111	Transaction ID: 0B8722154FED9B85091
	City State Zip Code Bucyrus OH 44820-0111	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ohio Mutual Insurance Company Occupation Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address One Mutual Avenue	Transaction ID: 0AEB638CF1C7CCEDDD1
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 38.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.29	

SUBTOTAL of Receipts This Page (optional)	538.47
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1 Mutual Ave.

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.29

Date of Receipt: 03 / 22 / 2010
Transaction ID: 66BA478B2FC1EEFCB49
 Amount of Each Receipt this Period: 38.47

B. Full Name (Last, First, Middle Initial)
Gregory B. Ellingson

Mailing Address 24 1st Avenue East Suite E

City State Zip Code
Kalispell MT 59901-4517

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

Name of Employer: Flathead Farm Mutual Insurance Company
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 16 / 2010
Transaction ID: 2542BCDFCE8B6764D2D
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Gregory B. Ellingson

Mailing Address 24 1st Avenue East Suite E

City State Zip Code
Kalispell MT 59901-4517

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

Name of Employer: Flathead Farm Mutual Insurance Company
Occupation: General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 12 / 2010
Transaction ID: AA13930554A4330DC73
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1038.47

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pam Emmendorfer	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 1510 North Elms Road	Transaction ID: 3119E80A1B638862383
	City State Zip Code Flint MI 48532-2033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pioneer State Mutual Insurance Company Occupation Vice President of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Richard C. Ewert, CPCU, CIC	Date of Receipt MM / DD / YYYY 01 / 12 / 2010
	Mailing Address 20920 Bramblewood Trl	Transaction ID: A63221FD0ECCA0AB081
	City State Zip Code Brookfield WI 53045-4537	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Partners 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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Stephen Fabian	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 200 North Main Street	Transaction ID: 584E1A43C0E9EA19B93
	City State Zip Code Bel Air MD 21014-3554	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Harford Mutual Insurance Company Occupation Assistant VP - IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Lee Fanshaw

Mailing Address 6000 American Parkway
Mail Drop Q23J

City Madison State WI Zip Code 53783-0001

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

Name of Employer American Family Mutual In-
surance Compa Occupation Federal Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 339905DC491374AE28C

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Stephen Fine

Mailing Address 100 Chestnut Street

City Weston State MA Zip Code 02493-1560

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

Name of Employer Bilrite Corporation Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: 42512F0B6C468E086D8

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Stephan Firko

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens
Mutual Insuran Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 29406D51A3418FA7406

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carroll Fitzgerald	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 200 North Main Street	Transaction ID: C66642C9A3015C16842
	City State Zip Code Bel Air MD 21014-3554	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Harford Mutual Insurance Company Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kurt P. Foley	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 1510 North Elms Road	Transaction ID: BB904E2F499EAD13E01
	City State Zip Code Flint MI 48532-2033	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pioneer State 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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) James F. Gerrity	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 222 Ames Street	Transaction ID: D49F97DC97489C6816B
	City State Zip Code Dedham MA 02026-1850	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Henry H. Gibbel

Mailing Address PO Box 900

City Lititz State PA Zip Code 17543-7007

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

Name of Employer Lititz Mutual Insurance Company
Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2010
Transaction ID: 571EAA11106CFE83DC6
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Henry R. Gibbel

Mailing Address PO Box 900

City Lititz State PA Zip Code 17543-7007

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

Name of Employer Lititz Mutual Insurance Company
Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2010
Transaction ID: EC04F2E69774128150E
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
John R. Gibbel

Mailing Address PO Box 16

City Lititz State PA Zip Code 17543-0016

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

Name of Employer Lititz Mutual Insurance Company
Occupation Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2010
Transaction ID: 872321EC0170F514D53
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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 ▼ 269.29

Date of Receipt 03 / 08 / 2010

Transaction ID: 1FAC79D1B7CC0893004

Amount of Each Receipt this Period 38.47

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

Mailing Address 1 Mutual Ave.

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.29

Date of Receipt 03 / 22 / 2010

Transaction ID: 4A84166FBC584DDCF45

Amount of Each Receipt this Period 38.47

C. Full Name (Last, First, Middle Initial)
Gordon H. Gingrich

Mailing Address 1510 North Elms Road

City Flint State MI Zip Code 48532-2033

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

Name of Employer Pioneer State Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2010

Transaction ID: 27E3CB5C6583069D6E0

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 326.94

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Harlan W. Gingrich	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 1510 North Elms Road	Transaction ID: 18407CC1EE6429B2F1C
	City State Zip Code Flint MI 48532-2033	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pioneer State Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Joseph A. Giovino	Date of Receipt MM / DD / YYYY 02 / 04 / 2010
	Mailing Address 222 Ames Street	Transaction ID: FA85C60E075BC7C5939
	City State Zip Code Dedham MA 02026-1850	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Clifford R. Hanson	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address PO Box 48	Transaction ID: A2E15FE7C0B4AEE4FCD
	City State Zip Code Cottonwood MN 56229-0048	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Star Mutual Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gerald Healy, Jr.

Mailing Address One Commerce Square
2005 Market Street

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran
Occupation Sales/Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: D42489727E8A9C5FEA5

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Warren W. Heck

Mailing Address 200 Madison Ave

City New York State NY Zip Code 10016-3903

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

Name of Employer Greater New York Mutual Insurance Comp
Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: E0C5D25460F29288C36

Amount of Each Receipt this Period
2500.00

C.

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

Mailing Address 222 Ames Street

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 ▼
1159.32

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 85A9EC2F4034B075B30

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 64
(check only one)

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

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

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

Mailing Address 222 Ames Street

City State Zip Code
Dedham MA 02026

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 ▼
1159.32

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 16A6FC0A4F551D50981

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Stuart C. Henderson

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer
Western National Mutual Insurance Comp

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 1B83FD471A14CB09C32

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Hendrix

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer
Ohio Mutual Insurance Company

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: A09BD5B79B7A86063DA

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1540.00**

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 29 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Park Avenue

City State Zip Code
New York NY 10016-5802

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

Name of Employer Occupation
Magna Carta Companies President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 7F92C85FB91188921EF

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Michaele Hobson

Mailing Address 1510 North Elms Road

City State Zip Code
Flint MI 48532-2033

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

Name of Employer Occupation
Pioneer State Mutual Insurance Company Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2010

Transaction ID: 0B72F7F60997CA8F33A

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joe E. Hoff, CPCU

Mailing Address PO Box 48

City State Zip Code
Cottonwood MN 56229-0048

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

Name of Employer Occupation
North Star Mutual Insurance Company CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 1EDA9F731FDAA91F9D5

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 30 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address One Mutual Avenue	Transaction ID: 82E4961CBB578EF826A
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

B.	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address One Mutual Avenue	Transaction ID: CC5949B4B2585605803
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

C.	Full Name (Last, First, Middle Initial) David F. Honold	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address One Mutual Avenue	Transaction ID: A1AC6DC3CD0D5E4C2D9
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 76.93
	FEC ID number of contributing federal political committee. C	
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 64
(check only one)

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

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

A.

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.51

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 183A0183C1276512D0E

Amount of Each Receipt this Period
76.93

B.

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

Mailing Address 1 Mutual Ave.

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.51

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: 70666BE16E35BF98122

Amount of Each Receipt this Period
76.93

C.

Full Name (Last, First, Middle Initial)
Mike Horvath

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer: Ohio Mutual Insurance Company
Occupation: Vice President-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: 56780DDDBF9615B4B5F

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **653.86**

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

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

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

FOR LINE NUMBER: PAGE 32 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ronald E. Hurd

Mailing Address 222 Ames Street

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance Director

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

Date of Receipt

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

Transaction ID: 4D267730484FDDF85EB

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Harold Jamison

Mailing Address One Commerce Square
2005 Market Street

City State Zip Code
Philadelphia PA 19103-7008

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

Name of Employer Occupation
Pennsylvania Lumbermens Mutual Insuran Assistant Vice President & Corporate S

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

Date of Receipt

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

Transaction ID: FB9AE8AEE6D7CF087C1

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gregory D. Johnson

Mailing Address PO Box 48

City State Zip Code
Cottonwood MN 56229-0048

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

Name of Employer Occupation
North Star Mutual Insuran- ce Company Director

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: FE78E0D7D85FA0C995D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Frank P. Kellner, III		Date of Receipt MM / DD / YYYY 02 / 25 / 2010
Mailing Address 200 North Main Street		Transaction ID: 9F51BFD64062EFB8DAD
City Bel Air	State MD	
Zip Code 21014-3554		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Harford Mutual Insurance Company	Occupation Vice President, Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Richard L. Larkey		Date of Receipt MM / DD / YYYY 03 / 23 / 2010
Mailing Address PO Box 452		Transaction ID: 7550FCB2C8272839269
City Franklin	State IN	
Zip Code 46131-0452		Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Mutual Insurance Company of Jo	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) George D. Larrison		Date of Receipt MM / DD / YYYY 03 / 23 / 2010
Mailing Address PO Box 452		Transaction ID: AAA6EBCEAB280104E28
City Franklin	State IN	
Zip Code 46131-0452		Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Mutual Insurance Company of Jo	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 34 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joe R. Liddle		Date of Receipt MM / DD / YYYY 02 / 04 / 2010		
	Mailing Address PO Box 1070		Transaction ID: 72A12EE9F073CD1E168		
	City Galax	State VA	Zip Code 24333-1070	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Grayson Carroll Wythe Mutual Insurance		Occupation Secretary/Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Steven Linkous		Date of Receipt MM / DD / YYYY 03 / 23 / 2010		
	Mailing Address 200 North Main Street		Transaction ID: 6C7AA78778853023173		
	City Bel Air	State MD	Zip Code 21014-3554	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harford 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 ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Gary G. Long		Date of Receipt MM / DD / YYYY 03 / 23 / 2010		
	Mailing Address PO Box 452		Transaction ID: 083C88F86E85AA8E41B		
	City Franklin	State IN	Zip Code 46131-0452	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Farmers Mutual Insurance Company of Jo		Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Bob Lund		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 3500 American Boulevard West Suite 700		Transaction ID: 6B5C955E73EEAC83B57
City Bloomington	State Zip Code MN 55431-4439	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SFM Insurance Company	Occupation President & CEO	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Scott A. Lutz		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
Mailing Address PO Box 900		Transaction ID: C8C07F46FC40A7BFB07
City Lititz	State Zip Code PA 17543-7007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lititz Mutual Insurance Company	Occupation Claims Vice President	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Edward J. Machado		Date of Receipt MM / DD / YYYY 02 / 22 / 2010
Mailing Address 633 East Market Street		Transaction ID: 9478F1DA77B4ECBA7D5
City Harrisonburg	State Zip Code VA 22801-4229	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rockingham Mutual Insurance Company	Occupation Director	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 64
(check only one)

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

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

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

A.

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

Mailing Address 6886 N 500 E

City State Zip Code
Shelbyville IN 46176-9536

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

Name of Employer Occupation
Farmers Mutual Insurance Company of Jo Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: A5E20CFCC3FD644EE32

Amount of Each Receipt this Period
325.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey L. Mauland, CPCU

Mailing Address PO Box 48

City State Zip Code
Cottonwood MN 56229-0048

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

Name of Employer Occupation
North Star Mutual Insurance Company President/CEO

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: 079C2EA9C7F754ABD37

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1 Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Technical Serv. Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 269.29

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2010

Transaction ID: 687DE7502EBEA7422BB

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ► **613.47**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 64

(check only one)

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

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

A.

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

Mailing Address 1 Mutual Ave.

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Technical Serv. Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 269.29

Date of Receipt

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

Transaction ID: 7E44D742D9A1CE7E8F0

Amount of Each Receipt this Period
38.47

B.

Full Name (Last, First, Middle Initial)
Joseph McCrea

Mailing Address One Commerce Square
2005 Market Street

City State Zip Code
Philadelphia PA 19103-7008

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

Name of Employer Occupation
Pennsylvania Lumbermens Mutual Insurance Senior Vice President- Claims

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

Date of Receipt

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

Transaction ID: 92261CB8CC7A03EBA2E

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gerard T. McDermott

Mailing Address 222 Ames Street

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance Senior Vice President

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

Date of Receipt

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

Transaction ID: 0B44F16AA7791426904

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

788.47

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Joseph M. McGurrin, Jr.	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address One Commerce Square 2005 Market Street	Transaction ID: E8A3BD6022D47C2AF07
	City Philadelphia State PA Zip Code 19103-7008	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Brian S. McLeod	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address One Mutual Avenue	Transaction ID: C4AFB9CFAE24227DC24
	City Frankenmuth State MI Zip Code 48787-0001	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22	

C.	Full Name (Last, First, Middle Initial) Brian S. McLeod	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address One Mutual Avenue	Transaction ID: 2A0C16A9F2E77FD86C0
	City Frankenmuth State MI Zip Code 48787-0001	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22	

SUBTOTAL of Receipts This Page (optional)	326.92
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Arthur L. Meadows	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address R.D. #1, Box 166-A	Transaction ID: 405893C921F48CBCA38
	City State Zip Code Moundsville WV 26041	Amount of Each Receipt this Period 720.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Panhandle Farmers Mutual Insurance Com President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) Brian Morris	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address PO Box 452	Transaction ID: E85A0AC58145DF6C33F
	City State Zip Code Franklin IN 46131-0452	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Farmers Mutual Insurance Company of Jo Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Glenn E. Niinimaki	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 222 Ames Street	Transaction ID: 33E598836CFD2C96790
	City State Zip Code Dedham MA 02026-1850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Norfolk & Dedham Mutual Fire Insurance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1295.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Donald H. Nikolaus		Date of Receipt MM / DD / YYYY 01 / 29 / 2010		
	Mailing Address 1195 River Road		Transaction ID: 199F013812F6DEFA6B4		
	City Marietta	State PA	Zip Code 17547-1628	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Donegal Mutual Insurance Company	Occupation President & CEO	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Robert F. Ohler		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 200 North Main Street		Transaction ID: 580BE95535E2C1A4E12		
	City Bel Air	State MD	Zip Code 21014-3554	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harford Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Tony Paris		Date of Receipt MM / DD / YYYY 02 / 05 / 2010		
	Mailing Address 1510 North Elms Road		Transaction ID: 732CB8DF8F53643C602		
	City Flint	State MI	Zip Code 48532-2033	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pioneer State Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 64
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John A. Paul, PFMM

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: Western Iowa Mutual Insurance Associat
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 03 / 2010
Transaction ID: 6ACD541EA734ED1DCF3
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
June Poole, A.I.A.F.

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer: Harford Mutual Insurance Company
Occupation: Vice President & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: BE5A0E995CF5A1D6E43
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Susan Porter

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer: Ohio Mutual Insurance Com-pany
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2010
Transaction ID: B77E044BA42A6BA5D10
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeff Reeves

Mailing Address PO Box 1070

City State Zip Code
Galax VA 24333-1070

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

Name of Employer Grayson Carroll Wythe Mutual Insurance
Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: 0B3152E06C7BF34A695

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael T. Rivard

Mailing Address 222 Ames Street

City State Zip Code
Dedham MA 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: EC2E7656B7F66222AB4

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO Box 6927

City State Zip Code
Richmond VA 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
670.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2010

Transaction ID: 42B71EE3CDF60EAA82B

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional) ► **710.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 64
(check only one)

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

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

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt MM / DD / YYYY 02 / 11 / 2010

Transaction ID: C0527D4B04577A8BDCF

Amount of Each Receipt this Period 230.00

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

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

Transaction ID: DDC9C8D1227E5F19B04

Amount of Each Receipt this Period 230.00

C. Full Name (Last, First, Middle Initial)
Gerald P. Schmidt, CPCU

Mailing Address 1460 Wells Street

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Mutual of Enumclaw Insurance Company Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt MM / DD / YYYY 03 / 25 / 2010

Transaction ID: 155768BEA78D1FFEB14

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1710.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 64

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Pamela Schmidt

Mailing Address 1460 Wells Street

City State Zip Code
Enumclaw WA 98022-3003

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

Name of Employer Occupation
Mutual of Enumclaw Insurance Company Retired

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2010

Transaction ID: 334BC898C209FCF68D8

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)
Thomas J. Shaw

Mailing Address PO Box 99

City State Zip Code
Liberal MO 64762-0099

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

Name of Employer Occupation
Barton Mutual Insurance Company President

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2010

Transaction ID: 0CBA1572C81277526C7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Christopher G. Shipe, CPCU, AIT

Mailing Address PO Box 58

City State Zip Code
Waterford VA 20197-0058

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

Name of Employer Occupation
Loudoun Mutual Insurance Company President/CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2010

Transaction ID: 94A0AE56E9E1D44C010

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 64
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Leon P. Smith

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer: Western National Mutual Insurance Comp
Occupation: Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: CF5C0926C16C7911EB2

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard R. Smith

Mailing Address PO Box 1020

City State Zip Code
Germantown WI 53022-8220

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

Name of Employer: Germantown Mutual Insurance Company
Occupation: Chairman President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: C190074E3541C6F4870

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael Snodgrass

Mailing Address PO Box 48

City State Zip Code
Cottonwood MN 56229-0048

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

Name of Employer: North Star Mutual Insurance Company
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 8EAAF599C84BEDFCC02

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 64
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John R. Spielberger

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Harford Mutual Insurance Company
Occupation Senior Vice President/General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: 604B690A3285C7D7F4D

Amount of Each Receipt this Period
500.00

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

Mailing Address 409 Kenyon Road

City State Zip Code
Fort Dodge IA 50501-5718

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

Name of Employer Heartland Mutual Insurance Association
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: A014FC0530782775F2F

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Joyce C. Thomas

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Harford Mutual Insurance Company
Occupation Vice President & Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: 2BE55A9810AA1F6D22E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kenneth G. Thompson

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Harford Mutual Insurance Company
Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: CA5700BE21124962819

Amount of Each Receipt this Period
250.00

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Transaction ID: CAD1F64DABBCF0DECD5

Amount of Each Receipt this Period
39.00

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

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt

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

Transaction ID: E045FD38C377277654F

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional) ► **328.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Ellen S. Truant

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554

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

Name of Employer Harford Mutual Insurance Company
Occupation Vice President-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 14B6D8A532F6BCFA463

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William H. Wallace

Mailing Address 404 East Woodlawn Avenue

City State Zip Code
Hastings MI 49058-1005

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

Name of Employer Hastings Mutual Insurance Company
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: 90E2FBC6FF1CDB034ED

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James W. Wilds, CPCU, ARM,

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 5C2D7DC12C213081B64

Amount of Each Receipt this Period
40.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 64
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
James W. Wilds, CPCU, ARM,
Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt: 03 / 22 / 2010
Transaction ID: 198DE25570DD3BE40FC
Amount of Each Receipt this Period: 40.00

B.

Full Name (Last, First, Middle Initial)
J.F. Williams, III
Mailing Address PO Box 6927

City State Zip Code
Richmond VA 23230-0927

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

Name of Employer: Mutual Assurance Society of Virginia
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: BF29CD1D4D2FA8AB8E6
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Jerry G. Zenke, PFMM
Mailing Address 42846 County Road 12

City State Zip Code
Dakota MN 55925-4094

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

Name of Employer: Mound Prairie Mutual Insurance Company
Occupation: General Manager/Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 04 / 2010
Transaction ID: F7916B9A75CF8BD622A
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1290.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 64	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Steven R. Zoss		Date of Receipt																					
	Mailing Address PO Box 276		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	2		2	0	1	0														
	City	State	Zip Code		Transaction ID: FFEF004575C89F78988																			
Canton	SD	57013-0276																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Farm Mutual Insurance Com- pany of Linco		Occupation Market Manager		<input type="text" value="250.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="47896.73"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 64
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) American Family Mutual Insurance Company Federal Pac (AMFAM PAC)	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 6000 American Parkway	Transaction ID: D4CC3789544ECDB4A19
	City State Zip Code Madison WI 53783	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C C00354290	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
B.	Full Name (Last, First, Middle Initial) Grange Mutual Casualty Company Pac	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 671 S High Street	Transaction ID: 99FC9A6A72D9D5FC7E3
	City State Zip Code Columbus OH 43206	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C C00302695	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
C.	Full Name (Last, First, Middle Initial) Motorists Mutual Insurance Company Civic Fund	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address 471 E Broad St	Transaction ID: A85505A833D3FE2F00A
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00336834	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 64
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
State Auto Employees Fed Pac Committee of State Automobile Mutual Insurance Company

Mailing Address 518 East Broad Street

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00430884

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2010

Transaction ID: 250E85D1EC8C1AAE04A

Amount of Each Receipt this Period
 3000.00

Aggregate Year-to-Date ▼
 3000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	11500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 / 64	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd		Date of Receipt	
	Mailing Address PO Box 270701		M M / D D / Y Y Y Y 03 / 25 / 2010	
	City	State	Zip Code	Transaction ID: 850F6FEF928A1E5B966
	West Hartford	CT	06127	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer		Occupation		
Refund of 6/4/08 contribu- tion		Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		5000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 64

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 07C3F6C2CB471338E8A

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

156.81

SUBTOTAL of Disbursements This Page (optional)

156.81

TOTAL This Period (last page this line number only)

156.81

**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

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

<p>A. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 63F91D1FA0737FC1517</p> <p>Date of Disbursement MM / DD / YYYY 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>B. Full Name (Last, First, Middle Initial) Blaine for Congress 2010</p> <p>Mailing Address PO Box 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 560FCD975C9AB70B36E</p> <p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>C. Full Name (Last, First, Middle Initial) Blaine for Congress 2010</p> <p>Mailing Address PO Box 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1E148BF13CBF293496</p> <p>Date of Disbursement MM / DD / YYYY 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Blue Dog Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F1F6470FBCBAB6B12CE</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 787DAF24CDFEF1D698E</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Clay Jr. for Congress</p> <p>Mailing Address PO Box 4544 Suite 300</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name William Lacy Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FEC52F046813992B58C</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Crowley for Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2DA931525AE2649EB48</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)</p> <p>Mailing Address 25 East Main Street, Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Every Republican Is Crucial (ERICPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 3A97DBF2230946B21E8</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden</p> <p>Mailing Address 18 N. Second St., Box 37 PO Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11DD6C5EE836E613C22</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden</p> <p>Mailing Address 18 N. Second St., Box 37 PO Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2D6ED2695FD704A3234</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Jack Kingston</p> <p>Mailing Address PO Box 2133 PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C089353FE7808904419</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address Post Office Box 1994 Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 249072004D70C130308</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee</p> <p>Mailing Address 831 Linwood Court Suite 300</p> <p>City Birmingham State AL Zip Code 35222</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Growth and Prosperity Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 11536DC0630EC40D8DA Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jane Norton for Colorado Inc</p> <p>Mailing Address 8006 East Arapahoe Road Suite 150 Room 925</p> <p>City Centennial State CO Zip Code 80112</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jane Bergman Norton</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 45D140623577DBB0EB4 Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4452FE7B8AE430B0EB2 Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EEBC3D2363FBD110DF1</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Judy Biggert for Congress</p> <p>Mailing Address PO Box 637</p> <p>City Hinsdale State IL Zip Code 60522</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6947C4156BE3CA0CF1E</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Leadership 21</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Leadership 21</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 887AB9596CE2030270D</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: DFA1527F1DC2071B9FE Date of Disbursement																			
	Mailing Address 320 First Street SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Contribution	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00																		
15000.00																					
	Candidate Name National Republican Congressional Committee	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																				

B.	Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee	Transaction ID: 72FC165AE0CB953EFB3 Date of Disbursement																			
	Mailing Address PO Box 54175	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
	City Lubbock State TX Zip Code 79453	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 General	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Randy Neugebauer	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 19 Contribution																				

C.	Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka Ndc Pac	Transaction ID: D311BEA5D46C69876F6 Date of Disbursement																			
	Mailing Address 607 14th Street NW Suite 800	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	1	0												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name New Democrat Coalition Political Action Committee Aka Ndc Pac	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>21000.00</td></tr></table>	21000.00
21000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Orrinpac</p> <p>Mailing Address 175 S. West Temple, Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Orrinpac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 564C29A270109C1BE4A</p> <p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Perlmutter for Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Edwin G. Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 824F67259C6DB137E62</p> <p>Date of Disbursement MM / DD / YYYY 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Portman for Senate Committee</p> <p>Mailing Address 8331 Little Harbor Drive</p> <p>City Cincinnati State OH Zip Code 45244</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 53058DB58A726B2E024</p> <p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Scott Garrett for Congress		Transaction ID: 2BF4A656D850F7B7C8F	
	Mailing Address PO Box 905		Date of Disbursement MM / DD / YYYY 03 / 25 / 2010	
City Newton		State NJ	Zip Code 07860	
Purpose of Disbursement 2010 Primary			Amount of Each Disbursement this Period 3000.00	
Candidate Name E. Scott Garrett			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 05				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

60500.00

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
NAMIC Administrative Fund

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Transfer of West Point contribution to Administrative Fund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: V2AB21CBF03EBFB6CF9F

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00