

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="15730.04"/>	<input type="text" value="15730.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44265.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33674.54"/>	<input type="text" value="57265.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="77939.80"/>	<input type="text" value="72995.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-415.00"/>	<input type="text" value="-5359.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78354.80"/>	<input type="text" value="78354.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23385.74	33554.66
(ii) Unitemized	10220.68	23492.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33606.42	57047.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33606.42	57047.61
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).....	65.51	213.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.61	4.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33674.54	57265.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33674.54	57265.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	85.00	140.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.00	140.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-500.00	-500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	-5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-415.00	-5359.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-415.00	-5359.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33606.42	57047.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33606.42	57047.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85.00	140.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	65.51	213.04
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19.49	-72.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Ms. Sandra J. Bear PFMM		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : A94744ACB3982403D814
Mailing Address 108 N 4th St		Amount of Each Receipt this Period 250.00
City Watseka	State IL	Zip Code 60970-1312
FEC ID number of contributing federal political committee. C		
Name of Employer Watseka Mutual Insurance Company	Occupation Secretary/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. John S. Benson		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 Transaction ID : AB8CB89B6E0D44495B23
Mailing Address One Mutual Avenue		Amount of Each Receipt this Period 115.39
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation President, CEO & Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.17	

Full Name (Last, First, Middle Initial) C. Mr. John S. Benson		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : A6268555F2D754AC4B76
Mailing Address One Mutual Avenue		Amount of Each Receipt this Period 115.39
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation President, CEO & Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

SUBTOTAL of Receipts This Page (optional).....▶	480.78
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 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jonathan Bergner
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A0744BFA233B349FEABD
 Amount of Each Receipt this Period
 500.00

B. Mr. John J. Bishop CPCU, CLU
 Full Name (Last, First, Middle Initial)
 Mailing Address 471 E Broad St
 City Columbus State OH Zip Code 43215-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A791FC47C862544A9A86
 Amount of Each Receipt this Period
 2500.00

C. Mr. William J. Boer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 645
 City Brenham State TX Zip Code 77834-0645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Germania Farm Mutual Insurance Associa Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : A4F0A9FAF54AB4EA7BA0
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Scott Carmack
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 City State Zip Code
 Flint MI 48532-2033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pioneer State Mutual Insurance Company Vice President/Director of Underwritin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AA704842C63BC481E846
 Amount of Each Receipt this Period
 250.00

B. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : A07E3A5AFE5084871B05
 Amount of Each Receipt this Period
 90.00

c. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : AFA432251CFD64C25B2D
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional).....▶	430.00
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 9 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 28 / 2013
Transaction ID : AEE9D03C97B084DDA925
 Amount of Each Receipt this Period 200.00

B. Mr. Christopher Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Managing Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : AE2D8E847D4164B268EF
 Amount of Each Receipt this Period 250.00

c. Mr. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 554.00

Date of Receipt 02 / 25 / 2013
Transaction ID : A6BEE28CAB5FF43EBB66
 Amount of Each Receipt this Period 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Ms. Connie Costigan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 968
 City Concordia State MO Zip Code 64020-0968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CFM Insurance, Inc. 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 Y
 02 / 07 / 2013
Transaction ID : A0EDB31DDF83D4F06979
 Amount of Each Receipt this Period
 250.00

B. Mr. John Cratty
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 37
 City Orion State IL Zip Code 61273-0037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Svea Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : A6CE54500FAED4252986
 Amount of Each Receipt this Period
 250.00

C. Ms. Erin M. Cummings ARM, AIT
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Division Manager, IT and Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : A8848BC041FF04936890
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Dan Czmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : A2CFC1E338B33464C87A
 Amount of Each Receipt this Period 250.00

B. Mr. Jack D'Arcy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : AAC08CB3FAEBF4861AB2
 Amount of Each Receipt this Period 250.00

C. Mr. Michael Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : A65B092AD6C3F4579B7F
 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 12 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **217.40**

Date of Receipt **02 / 22 / 2013**
Transaction ID : AA87FF0A79E0841A3BD7
 Amount of Each Receipt this Period **43.48**

B. Mr. Mike Dorsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Assistant Vice President/Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 15 / 2013**
Transaction ID : A32BB8D4ABD2144D4872
 Amount of Each Receipt this Period **250.00**

c. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **384.64**

Date of Receipt **02 / 08 / 2013**
Transaction ID : A5DCC9D0B1375438EBA5
 Amount of Each Receipt this Period **96.16**

SUBTOTAL of Receipts This Page (optional)..... **389.64**
TOTAL This Period (last page this line number only).....

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : A57C921728DBA4361A7B
 Amount of Each Receipt this Period
 96.16

B. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : A9C60ED4DE04F4BE7B44
 Amount of Each Receipt this Period
 77.00

c. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AA843817B7B1E40BA9BD
 Amount of Each Receipt this Period
 77.00

SUBTOTAL of Receipts This Page (optional).....▶	250.16
TOTAL This Period (last page this line number only).....▶	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) A. Mr. Paul Ehlert JD		Date of Receipt
Mailing Address PO Box 645		M M M / D D D / Y Y Y Y Y Y 02 / 04 / 2013
City Brenham	State TX	Zip Code 77834-0645
FEC ID number of contributing federal political committee. C		Transaction ID : ADFDD9EA8C3DA4018801
Name of Employer Germania Farm Mutual Insurance Associa		Amount of Each Receipt this Period
Occupation President		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1000.00

Full Name (Last, First, Middle Initial) B. Ms. Kristin Eichhorn		Date of Receipt
Mailing Address 122 C St NW Ste 540		M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2013
City Washington	State DC	Zip Code 20001-2102
FEC ID number of contributing federal political committee. C		Transaction ID : AC9EA19E5DB9645048A9
Name of Employer National Association of Mutual Insuran		Amount of Each Receipt this Period
Occupation Executive Assistant		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		250.00

Full Name (Last, First, Middle Initial) C. Ms. Pam Emmendorfer		Date of Receipt
Mailing Address 1510 N Elms Rd		M M M / D D D / Y Y Y Y Y Y 02 / 15 / 2013
City Flint	State MI	Zip Code 48532-2033
FEC ID number of contributing federal political committee. C		Transaction ID : AF8255E59967D446B8F7
Name of Employer Pioneer State Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President of Human Resources		250.00
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).....▶	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: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mr. Daniel P. Ferris
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S Memorial Dr
 City Appleton State WI Zip Code 54915-1429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SECURA Insurance, A Mutual Company VP, General Counsel and Assistant Sec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2013
Transaction ID : AE54F5E537EA14E3EAE9
 Amount of Each Receipt this Period
 1000.00

B. Mr. Kurt P. Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 City Flint State MI Zip Code 48532-2033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pioneer State Mutual Insurance Company President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AE32863508F4F4456B1A
 Amount of Each Receipt this Period
 1250.00

C. Mr. Chuck Garry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 City Flint State MI Zip Code 48532-2033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pioneer State Mutual Insurance Company Vice President - Director of Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AF30ABE17E7B242919DF
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Gordon H. Gingrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : A94BC8F7AE6EF40B0812
 Amount of Each Receipt this Period 250.00

B. Mr. Harlan W. Gingrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : AA7F44B0315264AE9872
 Amount of Each Receipt this Period 250.00

C. Mr. Joseph A. Giovino
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 14 / 2013
Transaction ID : AE422B878D0924535987
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Mr. Warren W. Heck
 Full Name (Last, First, Middle Initial)
 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 **02 / 19 / 2013**
Transaction ID : A00CB481BC7FF4CF3A82
 Amount of Each Receipt this Period **2500.00**

B. Mr. C. H. Herring Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1511 West Walker
 City Breckenridge State TX Zip Code 76424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Germania Farm Mutual Insurance Associa Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : A1A344497DCF8456C9AC
 Amount of Each Receipt this Period **500.00**

C. Mr. Michael Hobson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 15 / 2013**
Transaction ID : AF7215B2ADFDA473C98B
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **3250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. David F. Honold		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 Transaction ID : AC35CB913075349F5B93
Mailing Address One Mutual Avenue		Amount of Each Receipt this Period 76.93
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.79	

Full Name (Last, First, Middle Initial) B. Mr. David F. Honold		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : A36C6DB901B1241C386F
Mailing Address One Mutual Avenue		Amount of Each Receipt this Period 76.93
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

Full Name (Last, First, Middle Initial) C. Mr. Steven D. Linkous		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : AF99BE402F497442294F
Mailing Address 200 N Main St		Amount of Each Receipt this Period 209.00
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C		
Name of Employer Harford Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional).....▶	362.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Lisa Lott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Elms Rd
 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 Vice President/Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 15 / 2013**
Transaction ID : A89772BD157524B2FAFB
 Amount of Each Receipt this Period **250.00**

B. Mr. Don McAfee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1874
 City Mabank State TX Zip Code 75147-1874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Germania Farm Mutual Insurance Associa Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : AFDBDC83277464B82BD4
 Amount of Each Receipt this Period **500.00**

C. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : AA2CF9841A84241E8B9E
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Eric Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 1460 Wells St
City Enumclaw State WA Zip Code 98022-3003
FEC ID number of contributing federal political committee. **C**
Name of Employer: Mutual of Enumclaw Insurance Company Occupation: President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : A80BA11BBC11B420BAF8
Amount of Each Receipt this Period: **250.00**

B. Mr. Tony Paris
Full Name (Last, First, Middle Initial)
Mailing Address 1510 N Elms Rd
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: Vice President, CIO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 02 / 15 / 2013
Transaction ID : A9E223C5DDFDD4B8AB08
Amount of Each Receipt this Period: **500.00**

c. Mr. L. Gerald Roach CPCU, FLMI
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6927
City Richmond State VA Zip Code 23230-0927
FEC ID number of contributing federal political committee. **C**
Name of Employer: Mutual Assurance Society of Virginia Occupation: President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 02 / 04 / 2013
Transaction ID : A42A90258B6FE44FBBFF
Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Mark Robison CPA, CPCU,
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2227

City Fort Wayne	State IN	Zip Code 46801-2227
--------------------	-------------	------------------------

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

Name of Employer Brotherhood Mutual Insurance Company	Occupation Chairman and 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	/	28	/	2013

Transaction ID : A2BF4F933384540B18C2

Amount of Each Receipt this Period
250.00

B. Mr. Richard Schumacher PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 168

City Hartley	State IA	Zip Code 51346-0168
-----------------	-------------	------------------------

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

Name of Employer Century Mutual Insurance Association	Occupation President/Treasurer/CEO
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2013

Transaction ID : A6A8944607AD44F97AF4

Amount of Each Receipt this Period
250.00

C. Mr. Kent B. Shantz
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125-0626
------------------	-------------	------------------------

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

Name of Employer Rockford Mutual Insurance Company	Occupation Vice President of Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2013

Transaction ID : A4E9347B6FAE146B287A

Amount of Each Receipt this Period
78.00

SUBTOTAL of Receipts This Page (optional).....	578.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Donald A. Smith Jr.		Date of Receipt MM / DD / YYYY 02 / 07 / 2013
Mailing Address 3030 N 3rd St		Transaction ID : ADC17D8F284FD4609B47
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 105.00	
Name of Employer SCF Arizona	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald A. Smith Jr.		Date of Receipt MM / DD / YYYY 02 / 22 / 2013
Mailing Address 3030 N 3rd St		Transaction ID : A88EEAE0F80E740AABEA
City Phoenix	State AZ	Zip Code 85012-3074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 105.00	
Name of Employer SCF Arizona	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Mr. Tim F. Sullivan RPLU		Date of Receipt MM / DD / YYYY 02 / 08 / 2013
Mailing Address PO Box 68700		Transaction ID : A69882C31D52245BA9C8
City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 96.15	
Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.45	

SUBTOTAL of Receipts This Page (optional).....▶	306.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700

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

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

Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
424.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : AC29FC52C53F14528B03

Amount of Each Receipt this Period
 96.15

B. Mr. Douglas M. Sullivan CIC, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 37

City Orion	State IL	Zip Code 61273-0037
---------------	-------------	------------------------

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

Name of Employer Svea Mutual Insurance Company	Occupation Manager/Secretary/Treasurer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : A22DA1A89F38749FDB57

Amount of Each Receipt this Period
 300.00

C. Mr. Michael Wenos CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 129
 One Mutual Court

City Edwardsville	State IL	Zip Code 62025-0129
----------------------	-------------	------------------------

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

Name of Employer Madison Mutual Insurance Company	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : A13686F85C0F945CE838

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1396.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Daniel West
Full Name (Last, First, Middle Initial)
Mailing Address 1510 N Elms Rd
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 Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : A40CF74415DB041DE89C
Amount of Each Receipt this Period 250.00

B. Mr. James E. Wilds CPCU, ARM,
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 22 / 2013
Transaction ID : ABF01ABECE02B42E6A92
Amount of Each Receipt this Period 2500.00

C. Mr. Daniel W. Wilkinson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 645
City Brenham State TX Zip Code 77834-0645
FEC ID number of contributing federal political committee. **C**
Name of Employer Germania Farm Mutual Insurance Associa Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2013
Transaction ID : AECFD0ED221314BB091A
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 25 OF 27
(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)
Mr. Jeffrey S. Wrobel SR, CPCU,

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2013

Transaction ID : A8101D1F3971D48CABEE

Amount of Each Receipt this Period
42.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	23385.74

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

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

FOR LINE NUMBER: PAGE 26 OF 27
(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. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 213.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : A2510AED6D4774E42AE1
 Amount of Each Receipt this Period
 65.51
 Reimb. of bank fees

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	65.51
TOTAL This Period (last page this line number only).....▶	65.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
WA 5 US House

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : BC865A8290ED34A2AAA5

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Allen Lucas Messer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : BCFF19C819C754D10A01

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

-500.00

-500.00
