



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
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| M | M |
| 0 | 6 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 172208.42 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 181322.34               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 54994.02                | 115874.63                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 236316.36               | 288083.05                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 102429.61               | 154216.30                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 133886.75               | 133866.75                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 35370.74                      | 68106.88                          |
| (i) Itemized (use Schedule A) .....  | 13623.28                      | 25267.75                          |
| (ii) Unitemized .....  | 48994.02                      | 93374.63                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 6000.00                       | 22500.00                          |
| (c) Other Political Committees (such as PACs) .....  | 54994.02                      | 115874.63                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     |                               |                                   |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 54994.02                      | 115874.63                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 54994.02                      | 115874.63                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....  | 429.61                                | 641.30                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 429.61                                | 641.30                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 102000.00                             | 153500.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees .....   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 75.00                                     |
| 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))..       | 102429.61                             | 154216.30                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 102429.61                             | 154216.30                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 54994.02                      | 115874.63                         |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 54994.02                      | 115874.63                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 429.61                        | 641.30                            |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 429.61                        | 641.30                            |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 77                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |  |  |  |
|---|---|--|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Neil Alldredge           |  | Date of Receipt                              |  |
|   | Mailing Address Box 68700   |  | M M / D D / Y Y Y Y Y<br>0 4 / 2 5 / 2 0 0 8 |  |
|   | City  | State  | Zip Code                                     | <b>Transaction ID:</b> 058efaf4836e4cd4a44 |
|   | Indianapolis  | IN   | 46268-0700                                   | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 25.00  |  |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>Vice President of State and Regulatory |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>325.00                   |  |  |

|   |   |  |  |  |
|---|---|--|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Neil Alldredge           |  | Date of Receipt                              |  |
|   | Mailing Address Box 68700   |  | M M / D D / Y Y Y Y Y<br>0 5 / 0 9 / 2 0 0 8 |  |
|   | City  | State  | Zip Code                                     | <b>Transaction ID:</b> 0df6274690e5141f1e3 |
|   | Indianapolis  | IN   | 46268-0700                                   | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 25.00  |  |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>Vice President of State and Regulatory |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>325.00                   |  |  |

|   |   |  |  |  |
|---|---|--|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Neil Alldredge           |  | Date of Receipt                              |  |
|   | Mailing Address Box 68700   |  | M M / D D / Y Y Y Y Y<br>0 5 / 2 3 / 2 0 0 8 |  |
|   | City  | State  | Zip Code                                     | <b>Transaction ID:</b> 105f716ff5aefd0544b |
|   | Indianapolis  | IN   | 46268-0700                                   | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 25.00  |  |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>Vice President of State and Regulatory |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>325.00                   |  |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 77                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Neil Alldredge   | Date of Receipt<br>MM / DD / YYYY<br>06 / 06 / 2008  |
|           | Mailing Address Box 68700   | <b>Transaction ID:</b> 914529c06e2a23683fe           |
|           | City State Zip Code<br>Indianapolis IN 46268-0700   | Amount of Each Receipt this Period<br>25.00          |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |  |
|           | Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Vice President of State and Regulatory |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>325.00                   |

|           |   |  |
|-----------|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Neil Alldredge   | Date of Receipt<br>MM / DD / YYYY<br>06 / 20 / 2008  |
|           | Mailing Address Box 68700   | <b>Transaction ID:</b> a4d1c7a89139027918c           |
|           | City State Zip Code<br>Indianapolis IN 46268-0700   | Amount of Each Receipt this Period<br>25.00          |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |  |
|           | Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Vice President of State and Regulatory |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>325.00                   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Roberta Alsworth   | Date of Receipt<br>MM / DD / YYYY<br>06 / 10 / 2008 |
|           | Mailing Address 1285 Highway 15 South   | <b>Transaction ID:</b> bea853bfbc223793ca3          |
|           | City State Zip Code<br>Fairmont MN 56031-4461   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer<br>Fairmont Farmers Mutual Insurance Comp  | Occupation<br>Office Manager                        |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 77                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior VP - Member Services & Communic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 23 / 2008

Transaction ID: 06aacbd0b0c03bd7547

Amount of Each Receipt this Period 20.00

**B.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior VP - Member Services & Communic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 06 / 2008

Transaction ID: 238440f6c55957e3c82

Amount of Each Receipt this Period 20.00

**C.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior VP - Member Services & Communic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 20 / 2008

Transaction ID: 55ca2a565a443a7cfaf

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 77                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Gary R. Baxter              | Date of Receipt<br>MM / DD / YYYY<br>06 / 23 / 2008 |
|   | Mailing Address PO Box 11409   | <b>Transaction ID:</b> fab957e8281937d1687          |
|   | City State Zip Code<br>Portland ME 04104-7409                          | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
| Name of Employer<br>Maine Employers' Mutual Insurance Comp  | Occupation<br>Vice President of Information Technolo                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Thomas W. Beach             | Date of Receipt<br>MM / DD / YYYY<br>05 / 13 / 2008 |
|   | Mailing Address One Commerce Square<br>2005 Market Street              | <b>Transaction ID:</b> 34aa48806be0d5e7a0f          |
|   | City State Zip Code<br>Philadelphia PA 19103-7008                      | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
| Name of Employer<br>Pennsylvania Lumbermens Mutual Insuran  | Occupation<br>Director   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>John S. Benson              | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2008 |
|   | Mailing Address One Mutual Avenue                                      | <b>Transaction ID:</b> 5e26c7cb54107a7572a          |
|   | City State Zip Code<br>Frankenmuth MI 48734                            | Amount of Each Receipt this Period<br>115.39        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
| Name of Employer<br>Frankenmuth Mutual Insura-<br>nce Company   | Occupation<br>President & COO  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1384.68                                    |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>865.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 77  
(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)  
NAMIC PAC

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>John S. Benson   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2008 |
| Mailing Address One Mutual Avenue   |                                     | <b>Transaction ID:</b> 168c114249e9828a0ad          |
| City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48734                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>115.39        |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>President & COO       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1384.68 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>John S. Benson   |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 06 / 2008 |
| Mailing Address One Mutual Avenue   |                                     | <b>Transaction ID:</b> d2ad4f78721cb5953e5          |
| City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48734                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>115.39        |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>President & COO       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1384.68 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>John S. Benson   |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 20 / 2008 |
| Mailing Address One Mutual Avenue   |                                     | <b>Transaction ID:</b> 78b6d24b8dab388aa62          |
| City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48734                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>115.39        |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>President & COO       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1384.68 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 346.17 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 11 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>John S. Benson  |                                      | Date of Receipt   |
|   | Mailing Address One Mutual Avenue                          |                                      | <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> |
|   | City   | State                                | Zip Code  |
|   | Frankenmuth  | MI                                   | 48734   |
|   | FEC ID number of contributing federal political committee. |                                      | <input type="text" value="C"/>  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |  | Occupation<br>President & COO        | <b>Transaction ID:</b> 9568c560aa29cb3b526  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="1384.68"/> | <input type="text" value="115.39"/>   |

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John S. Benson  |                                      | Date of Receipt   |
|   | Mailing Address One Mutual Avenue                          |                                      | <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/> |
|   | City   | State                                | Zip Code  |
|   | Frankenmuth  | MI                                   | 48734   |
|   | FEC ID number of contributing federal political committee. |                                      | <input type="text" value="C"/>  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |  | Occupation<br>President & COO        | <b>Transaction ID:</b> 93fed524ffe56c7e027  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="1384.68"/> | <input type="text" value="115.39"/>   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>W. A. Bissette         |                                      | Date of Receipt   |
|   | Mailing Address 170 S Independence Mall West<br>the Curtis Center |                                      | <input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> |
|   | City  | State                                | Zip Code  |
|   | Philadelphia  | PA                                   | 19106-3388  |
|   | FEC ID number of contributing federal political committee.        |                                      | <input type="text" value="C"/>  |
| Name of Employer<br>Pennsylvania Lumbermens Mutual Insuran  |   | Occupation<br>Director               | <b>Transaction ID:</b> 589b732f31167957e7f  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="1000.00"/> | <input type="text" value="1000.00"/>  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1230.78"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address PO Box 1348

City Laramie State WY Zip Code 82073-1348

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

Name of Employer Mountain West Farm Bureau Mutual Insur Occupation Vice President, Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2008

Transaction ID: 451de6036a3a9a42327

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen F. Boyd

Mailing Address 170 S Independence Mall West the Curtis Center

City Philadelphia State PA Zip Code 19106-3388

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 09 / 2008

Transaction ID: 65916fbfc3402b916cd

Amount of Each Receipt this Period 750.00

**C.**

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

Mailing Address 1501 South Capitol Way, Room 201

City Olympia State WA Zip Code 98501-2200

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

Name of Employer PEMCO Mutual Insurance Company Occupation Director of Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2008

Transaction ID: 82917a9a604014d6f70

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Rod Brooks  | Date of Receipt<br>MM / DD / YYYY<br>05 / 14 / 2008 |
|   | Mailing Address PO Box 778   | <b>Transaction ID:</b> 5aa8d6f2902f057ec5d          |
|   | City State Zip Code<br>Seattle WA 98111-0778   | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C                                      |   |
|   | Name of Employer Occupation<br>PEMCO Mutual Insurance Company Vice President-Chief Marketing Officer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Jay W. Chadwick                          | Date of Receipt<br>MM / DD / YYYY<br>05 / 05 / 2008 |
|   | Mailing Address PO Box 7  | <b>Transaction ID:</b> 3b57ea81aa9b7969da8          |
|   | City State Zip Code<br>Wyalusing PA 18853-0007                                      | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C                     |   |
|   | Name of Employer Occupation<br>Tuscarora Wayne Mutual Insurance Compa President/CEO |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Charles M. Chamness                        | Date of Receipt<br>MM / DD / YYYY<br>04 / 11 / 2008 |
|   | Mailing Address PO Box 68700  | <b>Transaction ID:</b> ad31daa2691c7f2607d          |
|   | City State Zip Code<br>Indianapolis IN 46268-0700                                     | Amount of Each Receipt this Period<br>90.00         |
|   | FEC ID number of contributing federal political committee.<br>C                       |   |
|   | Name of Employer Occupation<br>National Association of Mutual Insuran President & CEO |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1125.00   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 590.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Charles M. Chamness  | Date of Receipt<br>MM / DD / YYYY<br>04 / 25 / 2008 |
|   | Mailing Address PO Box 68700                                    | <b>Transaction ID:</b> 30b91d16a6b8ddabd17          |
|   | City State Zip Code<br>Indianapolis IN 46268-0700               | Amount of Each Receipt this Period<br>90.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>President & CEO                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1125.00                 |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Charles M. Chamness  | Date of Receipt<br>MM / DD / YYYY<br>05 / 09 / 2008 |
|   | Mailing Address PO Box 68700                                    | <b>Transaction ID:</b> f340ff5eeb1804aac51          |
|   | City State Zip Code<br>Indianapolis IN 46268-0700               | Amount of Each Receipt this Period<br>90.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>President & CEO                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1125.00                 |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Charles M. Chamness  | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|   | Mailing Address PO Box 68700                                    | <b>Transaction ID:</b> 7fa6379f0f4346d5a74          |
|   | City State Zip Code<br>Indianapolis IN 46268-0700               | Amount of Each Receipt this Period<br>90.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>President & CEO                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1125.00                 |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 270.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1125.00

Date of Receipt 06 / 06 / 2008

Transaction ID: 20f11ed6e561d093e19

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 ▼ 1125.00

Date of Receipt 06 / 20 / 2008

Transaction ID: cf270a1459b2eb677aa

Amount of Each Receipt this Period 90.00

**C.** Full Name (Last, First, Middle Initial)  
Harold Chapin

Mailing Address PO Box 7

City Wyalusing State PA Zip Code 18853-0007

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

Name of Employer Tuscarora Wayne Mutual Insurance Compa Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2008

Transaction ID: dd9d7c50457d0bb35c2

Amount of Each Receipt this Period 250.00

**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: (check only one)       | PAGE 16 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |  |                              |   |
|---|--|------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ian Chisholm    |                              | Date of Receipt   |
|   | Mailing Address PO Box 158                                 |                              | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 4 / 1 4 / 2 0 0 8 |
|   | City   | State                        | Zip Code  |
|   | Montpelier   | VT                           | 05601-0158  |
|   | FEC ID number of contributing federal political committee. |                              | <input type="text"/> C <input type="text"/>   |
| Name of Employer<br>Union Mutual Fire Insurance Company   |  | Occupation<br>Vice President | <b>Transaction ID:</b> 9340d5d1c1943965097  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼     | Amount of Each Receipt this Period<br><input type="text"/> 250.00   |
|   |  | <input type="text"/> 250.00  |   |

|   |  |                              |   |
|---|--|------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>James R. Clay   |                              | Date of Receipt   |
|   | Mailing Address One Park Circle                            |                              | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 6 / 1 9 / 2 0 0 8 |
|   | City   | State                        | Zip Code  |
|   | Westfield Center   | OH                           | 44251-5001  |
|   | FEC ID number of contributing federal political committee. |                              | <input type="text"/> C <input type="text"/>   |
| Name of Employer<br>Westfield Insurance Company   |  | Occupation<br>President      | <b>Transaction ID:</b> e4e5bf0d6eb9f934b5e  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼     | Amount of Each Receipt this Period<br><input type="text"/> 1000.00  |
|   |  | <input type="text"/> 1000.00 |   |

|   |  |  |   |
|---|--|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel S. Cote  |  | Date of Receipt   |
|   | Mailing Address PO Box 11409                               |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 6 / 2 3 / 2 0 0 8 |
|   | City   | State  | Zip Code  |
|   | Portland   | ME   | 04104-7409  |
|   | FEC ID number of contributing federal political committee. |  | <input type="text"/> C <input type="text"/>   |
| Name of Employer<br>Maine Employers' Mutual Insurance Comp  |  | Occupation<br>Vice President of Loss Control | <b>Transaction ID:</b> f01391 aee5063224fba   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                     | Amount of Each Receipt this Period<br><input type="text"/> 500.00   |
|   |  | <input type="text"/> 500.00                  |   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 17 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>David Cote                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 30 / 2008 |
|   | Mailing Address 222 Ames Street   | <b>Transaction ID:</b> 34bd600594152fd39ec          |
|   | City State Zip Code<br>Dedham MA 02026-1850   | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C                           |   |
|   | Name of Employer Occupation<br>Norfolk & Dedham Mutual Fire Insurance Claims Professional |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Robert A. Cunningham                        | Date of Receipt<br>MM / DD / YYYY<br>05 / 28 / 2008 |
|   | Mailing Address PO Box 1050  | <b>Transaction ID:</b> 828534e301478f75e28          |
|   | City State Zip Code<br>Fayetteville AR 72702-1050                                      | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C                        |   |
|   | Name of Employer Occupation<br>Washington County Farmers Mutual Fire Secretary/Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Robert Detlefsen  | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|   | Mailing Address PO Box 68700   | <b>Transaction ID:</b> fef9ef011f664dba604          |
|   | City State Zip Code<br>Indianapolis IN 46268-0700  | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C                                      |   |
|   | Name of Employer Occupation<br>National Association of Mutual Insuran Vice President - Public Policy |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 520.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

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

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 ▼ 260.00

Date of Receipt 06 / 06 / 2008

Transaction ID: fcc895ef1997cc781d2

Amount of Each Receipt this Period 20.00

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

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 ▼ 260.00

Date of Receipt 06 / 20 / 2008

Transaction ID: b1cae3c6d9c51abfbc3

Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas A. Dials

Mailing Address 550 Eisenhower Road

City Leavenworth State KS Zip Code 66048-1190

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

Name of Employer Armed Forces Insurance Exchange Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 02 / 2008

Transaction ID: 48fb9678d74d1d8fd02

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1040.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 77  
(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)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bernie Dochnahl

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 Board of Trustees

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2008

**Transaction ID:** 3cabe785c59619c2afc

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address PO Box 1348

City State Zip Code  
Laramie WY 82073-1348

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

Name of Employer Occupation  
Mountain West Farm Bureau Mutual Insur Senior Vice President - Underwriting a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

**Transaction ID:** 77da06698b862b51e7d

Amount of Each Receipt this Period  
250.00

**C.**

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

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 Senior Vice President-Internal Operati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID:** 951352bd7845a003f05

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1270.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: b88ea1fa9e21c0d467b

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Internal Operati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: 6bb3965bdca5073f992

Amount of Each Receipt this Period  
20.00

**C.**

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

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 Insura- nce Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: cc53491892713c45e26

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.00

**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 21 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 466.38

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: c58f9ef9192f65dca66

Amount of Each Receipt this Period

39.00

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 466.38

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: 211fead93f915894337

Amount of Each Receipt this Period

39.00

**C.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 466.38

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 5fa71003c6b35321863

Amount of Each Receipt this Period

39.00

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

117.00

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

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 22 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Fred A. Edmond   | Date of Receipt<br>MM / DD / YYYY<br>06 / 02 / 2008 |
|           | Mailing Address One Mutual Avenue   | <b>Transaction ID:</b> ddbc4a67da49bdada34          |
|           | City State Zip Code<br>Frankenmuth MI 48734   | Amount of Each Receipt this Period<br>39.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Frankenmuth Mutual Insurance Company<br>Occupation: Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date: 466.38 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Fred A. Edmond   | Date of Receipt<br>MM / DD / YYYY<br>06 / 16 / 2008 |
|           | Mailing Address One Mutual Avenue   | <b>Transaction ID:</b> 1981145f080006bb7eb          |
|           | City State Zip Code<br>Frankenmuth MI 48734   | Amount of Each Receipt this Period<br>39.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Frankenmuth Mutual Insurance Company<br>Occupation: Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date: 466.38 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Patrick J. Faga   | Date of Receipt<br>MM / DD / YYYY<br>06 / 20 / 2008 |
|           | Mailing Address PO Box 240   | <b>Transaction ID:</b> 8979c36ea737a9f45d6          |
|           | City State Zip Code<br>Story City IA 50248-0240  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: Central Iowa Mutual Insurance Associat<br>Occupation: President/CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date: 250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>328.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |  |
|---|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 23 / 77</span> |
|   | (check only one)   |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b                                     |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                                      |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 12                                      |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16                                      |
| <input type="checkbox"/>  | <input type="checkbox"/> 17                                      |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Stephen Firko  | Date of Receipt<br>MM / DD / YYYY<br>05 / 07 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street   | <b>Transaction ID:</b> 3619e10e28dff1b5626          |
|           | City Philadelphia State PA Zip Code 19103-7008  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Pennsylvania Lumbermens Mutual Insuran<br>Occupation Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>380.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Stephen Firko  | Date of Receipt<br>MM / DD / YYYY<br>05 / 14 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street   | <b>Transaction ID:</b> 3c099279a83909ef3d0          |
|           | City Philadelphia State PA Zip Code 19103-7008  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Pennsylvania Lumbermens Mutual Insuran<br>Occupation Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>380.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Stephen Firko  | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street   | <b>Transaction ID:</b> 4161b8e6bf9bd58d3e0          |
|           | City Philadelphia State PA Zip Code 19103-7008  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Pennsylvania Lumbermens Mutual Insuran<br>Occupation Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>380.00 |   |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Stephen Firko  | Date of Receipt<br>MM / DD / YYYY<br>06 / 03 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street   | <b>Transaction ID:</b> a2503ecf9457231f4e3          |
|           | City Philadelphia State PA Zip Code 19103-7008  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Pennsylvania Lumbermens Mutual Insuran<br>Occupation Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>380.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Phillip D. Fraim  | Date of Receipt<br>MM / DD / YYYY<br>05 / 09 / 2008 |
|           | Mailing Address 401 North Hudson   | <b>Transaction ID:</b> cace5005769499c997d          |
|           | City Oklahoma City State OK Zip Code 73102-3433  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Oklahoma Attorneys Mutual Insurance Co<br>Occupation President/CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jim Geesey   | Date of Receipt<br>MM / DD / YYYY<br>06 / 17 / 2008 |
|           | Mailing Address PO Box 1348   | <b>Transaction ID:</b> 1427a306bd76992e0b4          |
|           | City Laramie State WY Zip Code 82073-1348   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Mountain West Farm Bureau Mutual Insur<br>Occupation Senior Vice President, Marketing<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>520.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |                   |   |  |  |
|-----------|---|-------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Jonathan C. Grether  |                   | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2008 |  |  |
|           | Mailing Address PO Box 370                                      |                   | <b>Transaction ID:</b> 256230167e3031cc8d5          |  |  |
|           | City<br>Algona  | State<br>IA       | Zip Code<br>50511-0370                              | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                   |   |  |  |
|           | Name of Employer<br>Pharmacists Mutual Insurance Company        | Occupation<br>COO | Aggregate Year-to-Date<br>250.00                    |  |  |

|           |   |                        |   |  |  |
|-----------|---|------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>E. Bulkeley Griswold |                        | Date of Receipt<br>MM / DD / YYYY<br>06 / 12 / 2008 |  |  |
|           | Mailing Address PO Box 40                                       |                        | <b>Transaction ID:</b> 45a5555b18b9556c4b9          |  |  |
|           | City<br>Norwich   | State<br>CT            | Zip Code<br>06360-0040                              | Amount of Each Receipt this Period<br>320.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                        |   |  |  |
|           | Name of Employer<br>New London County Mutual Insurance Com      | Occupation<br>Director | Aggregate Year-to-Date<br>320.00                    |  |  |

|           |   |                                     |   |   |  |
|-----------|---|-------------------------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>David F. Honold      |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2008 |   |  |
|           | Mailing Address One Mutual Avenue                               |                                     | <b>Transaction ID:</b> b6a4c9d8af04da54a19          |   |  |
|           | City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48787-0001                              | Amount of Each Receipt this Period<br>76.93 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|           | Name of Employer<br>Frankenmuth Mutual Insurance Company        | Occupation<br>Senior Vice President | Aggregate Year-to-Date<br>923.16                    |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>646.93</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |                                     |   |   |  |
|-----------|---|-------------------------------------|---|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>David F. Honold      |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2008 |   |  |
|           | Mailing Address One Mutual Avenue                               |                                     | <b>Transaction ID:</b> a6de381be5df84464bf          |   |  |
|           | City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48787-0001                              | Amount of Each Receipt this Period<br>76.93 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|           | Name of Employer<br>Frankenmuth Mutual Insurance Company        | Occupation<br>Senior Vice President | Aggregate Year-to-Date<br>923.16                    |   |  |

|           |   |                                     |   |   |  |
|-----------|---|-------------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>David F. Honold      |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 06 / 2008 |   |  |
|           | Mailing Address One Mutual Avenue                               |                                     | <b>Transaction ID:</b> 55d0ea54761a86448a4          |   |  |
|           | City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48787-0001                              | Amount of Each Receipt this Period<br>76.93 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|           | Name of Employer<br>Frankenmuth Mutual Insurance Company        | Occupation<br>Senior Vice President | Aggregate Year-to-Date<br>923.16                    |   |  |

|           |   |                                     |   |   |  |
|-----------|---|-------------------------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>David F. Honold      |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 20 / 2008 |   |  |
|           | Mailing Address One Mutual Avenue                               |                                     | <b>Transaction ID:</b> ec087dac9ffbda04eaa          |   |  |
|           | City<br>Frankenmuth   | State<br>MI                         | Zip Code<br>48787-0001                              | Amount of Each Receipt this Period<br>76.93 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|           | Name of Employer<br>Frankenmuth Mutual Insurance Company        | Occupation<br>Senior Vice President | Aggregate Year-to-Date<br>923.16                    |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>230.79</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>David F. Honold   | Date of Receipt<br>MM / DD / YYYY<br>06 / 02 / 2008 |
|           | Mailing Address One Mutual Avenue  | <b>Transaction ID:</b> 02cc7bea5f281fe2aa3          |
|           | City State Zip Code<br>Frankenmuth MI 48787-0001   | Amount of Each Receipt this Period<br>76.93         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: Frankenmuth Mutual Insurance Company<br>Occupation: Senior Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>923.16 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>David F. Honold   | Date of Receipt<br>MM / DD / YYYY<br>06 / 16 / 2008 |
|           | Mailing Address One Mutual Avenue  | <b>Transaction ID:</b> ccfa960c7250cbcdf2d          |
|           | City State Zip Code<br>Frankenmuth MI 48787-0001   | Amount of Each Receipt this Period<br>76.93         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: Frankenmuth Mutual Insurance Company<br>Occupation: Senior Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>923.16 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Richard D. Hundven  | Date of Receipt<br>MM / DD / YYYY<br>06 / 25 / 2008 |
|           | Mailing Address PO Box 432   | <b>Transaction ID:</b> 3cc4862cf9eee25e89e          |
|           | City State Zip Code<br>Buckley WA 98321-0432   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: Mutual of Enumclaw Insurance Company<br>Occupation: Vice President - Services<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>403.86</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
James J. Kennedy

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Company President & CEO

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

Date of Receipt

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

Transaction ID: da44cba8d1d687154bf

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Terri Kietzer

Mailing Address 1285 Highway 15 South

City State Zip Code  
Fairmont MN 56031-4461

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

Name of Employer Occupation  
Fairmont Farmers Mutual Insurance Comp Office Assistant

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

Date of Receipt

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

Transaction ID: f63f113db43f2806760

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address PO Box 308

City State Zip Code  
Esko MN 55733-0308

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

Name of Employer Occupation  
RAM 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  
0 5 / 2 0 / 2 0 0 8

Transaction ID: cd39e6fa7a97c0f9e17

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 29 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ronald L. Lahr

Mailing Address PO Box 862

City Storm Lake State IA Zip Code 50588-0862

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

Name of Employer Buena Vista Mutual Insurance Association  
Occupation Secretary/Treasurer/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2008

Transaction ID: d39a0b40f57ba227b6f

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth V. Lavigne

Mailing Address 1200 Atwater Drive Suite 250

City Malvern State PA Zip Code 19355-8782

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

Name of Employer Mutual Boiler Re  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2008

Transaction ID: dff3082e91f68e4882d

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. Lee

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 Insurance  
Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: cb148e4d1baebc83deb

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Joe R. Liddle

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 Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

**Transaction ID:** 1c887a2d356e3f985f3

Amount of Each Receipt this Period  
250.00

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

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 The Harford Mutual Insurance Company  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

**Transaction ID:** ab95647a777399d0da0

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Phillip E. Love

Mailing Address PO Box 2124

City State Zip Code  
West Columbia SC 29171-2124

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

Name of Employer South Carolina Farm Bureau Mutual Insu  
Occupation Executive Vice President / CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID:** 7676ac58bdd22216d67

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 31 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Wilbur J. Maas           | Date of Receipt<br>MM / DD / YYYY<br>05 / 28 / 2008 |
|   | Mailing Address PO Box 812  | <b>Transaction ID:</b> 4115d9c158b5f825226          |
|   | City Hull State IA Zip Code 51239-0812                              | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Farmers Mutual Insurance Association o  | Occupation<br>Secretary/Treasurer                                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Joseph M. McGurrin       | Date of Receipt<br>MM / DD / YYYY<br>04 / 08 / 2008 |
|   | Mailing Address 170 South Independence Mall West                    | <b>Transaction ID:</b> 5a91a4801f88c2ad53c          |
|   | City Philadelphia State PA Zip Code 19106-3323                      | Amount of Each Receipt this Period<br>350.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Pennsylvania Lumbermens Mutual Insuran  | Occupation<br>Assistant Vice President                              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Colleen McKinnon         | Date of Receipt<br>MM / DD / YYYY<br>06 / 17 / 2008 |
|   | Mailing Address PO Box 1348   | <b>Transaction ID:</b> a941a4d42a04c5ac48a          |
|   | City Laramie State WY Zip Code 82073-1348                           | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Mountain West Farm Bureau Mutual Insur  | Occupation<br>Vice President, Corporate Counsel                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |   |                              |                              |                             |                             |                             |                             |                             |
|---|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 32 / 77                 |                              |                             |                             |                             |                             |                             |
|   | (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 |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |  |  |
|---|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Brian S. McLeod          |   | Date of Receipt                            |  |
|   | Mailing Address One Mutual Avenue                                   |   | M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 8 |  |
|   | City  | State   | Zip Code                                   | <b>Transaction ID:</b> 76fb904a07cdb688f21 |
|   | Frankenmuth   | MI  | 48787-0001                                 | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 38.47                                      |  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |   | Occupation<br>Vice President, Secretary & Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>461.61                  |  |  |

|   |   |   |  |  |
|---|---|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Brian S. McLeod          |   | Date of Receipt                            |  |
|   | Mailing Address One Mutual Avenue                                   |   | M M / D D / Y Y Y Y<br>0 4 / 2 1 / 2 0 0 8 |  |
|   | City  | State   | Zip Code                                   | <b>Transaction ID:</b> bd82dd1c8ac66a652b6 |
|   | Frankenmuth   | MI  | 48787-0001                                 | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 38.47                                      |  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |   | Occupation<br>Vice President, Secretary & Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>461.61                  |  |  |

|   |   |   |  |  |
|---|---|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Brian S. McLeod          |   | Date of Receipt                            |  |
|   | Mailing Address One Mutual Avenue                                   |   | M M / D D / Y Y Y Y<br>0 5 / 0 6 / 2 0 0 8 |  |
|   | City  | State   | Zip Code                                   | <b>Transaction ID:</b> 3ecb2e1090b22b4a66c |
|   | Frankenmuth   | MI  | 48787-0001                                 | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 38.47                                      |  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |   | Occupation<br>Vice President, Secretary & Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>461.61                  |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>115.41</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 33 / 77                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |  |  |
|---|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Brian S. McLeod          |   | Date of Receipt                              |  |
|   | Mailing Address One Mutual Avenue                                   |   | M M / D D / Y Y Y Y Y<br>0 5 / 2 0 / 2 0 0 8 |  |
|   | City  | State   | Zip Code                                     | <b>Transaction ID:</b> d6bdf1d7b0cb8ff886a |
|   | Frankenmuth   | MI  | 48787-0001                                   | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 38.47  |  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |   | Occupation<br>Vice President, Secretary & Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>461.61                  |  |  |

|   |   |   |  |  |
|---|---|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Brian S. McLeod          |   | Date of Receipt                              |  |
|   | Mailing Address One Mutual Avenue                                   |   | M M / D D / Y Y Y Y Y<br>0 6 / 0 2 / 2 0 0 8 |  |
|   | City  | State   | Zip Code                                     | <b>Transaction ID:</b> 222058ae6e29e3ebe87 |
|   | Frankenmuth   | MI  | 48787-0001                                   | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 38.47  |  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |   | Occupation<br>Vice President, Secretary & Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>461.61                  |  |  |

|   |   |   |  |  |
|---|---|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Brian S. McLeod          |   | Date of Receipt                              |  |
|   | Mailing Address One Mutual Avenue                                   |   | M M / D D / Y Y Y Y Y<br>0 6 / 1 6 / 2 0 0 8 |  |
|   | City  | State   | Zip Code                                     | <b>Transaction ID:</b> 50de839d338d37048aa |
|   | Frankenmuth   | MI  | 48787-0001                                   | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 38.47  |  |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  |   | Occupation<br>Vice President, Secretary & Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>461.61                  |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 115.41 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert S. McMann

Mailing Address PO Box 11409

City Portland State ME Zip Code 04104-7409

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

Name of Employer: Maine Employers' Mutual Insurance Comp  
Occupation: Senior Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
06 / 23 / 2008

Transaction ID: e2fb2a86ce6fbed2c72

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Marliss McManus

Mailing Address 122 C Street Northwest Suite 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: ac4f1715a78b0ce5617

Amount of Each Receipt this Period: 20.00

**C.** Full Name (Last, First, Middle Initial)  
Marliss McManus

Mailing Address 122 C Street Northwest Suite 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: c0972bdb61d04f60004

Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 77  
 (check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 8

**Transaction ID:** 9f930f89c2f741d6a01

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Stan W. McNaughton

Mailing Address PO Box 778

City Seattle State WA Zip Code 98111-0778

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

Name of Employer PEMCO Mutual Insurance Co- Occupation President & CEO  
mpany

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 8

**Transaction ID:** 27793c9c8753030280c

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Tricia A. Mickley

Mailing Address PO Box 31

City Mount Carroll State IL Zip Code 61053-0031

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

Name of Employer Mount Carroll Mutual Fire Occupation Secretary/Treasurer  
Insurance Co

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 7 / 2 0 0 8

**Transaction ID:** de24a4623cbc6814b36

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **770.00**

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 36 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
NAMIC PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Stephen H. Miller        | Date of Receipt<br>MM / DD / YYYY<br>05 / 14 / 2008 |
|   | Mailing Address 325 Eastlake Avenue East                            | <b>Transaction ID:</b> 1190e22403cabba8682          |
|   | City State Zip Code<br>Seattle WA 98109-5407                        | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>PEMCO Mutual Insurance Company  | Occupation<br>Vice President & COO                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dona L. Mohr             | Date of Receipt<br>MM / DD / YYYY<br>05 / 30 / 2008 |
|   | Mailing Address 1725 Hopley Avenue                                  | <b>Transaction ID:</b> 878f455925ef43fdd72          |
|   | City State Zip Code<br>Bucyrus OH 44820-3569                        | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Ohio Mutual Insurance Company   | Occupation<br>Assistant Vice President-Personal Line                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Donald R. Owen           | Date of Receipt<br>MM / DD / YYYY<br>05 / 29 / 2008 |
|   | Mailing Address PO Box 429  | <b>Transaction ID:</b> 353c0ae695add60e735          |
|   | City State Zip Code<br>Conway AR 72033-0429                         | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Farmers Fire Insurance Company, Inc.  | Occupation<br>Secretary/Manager                                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |                              |                             |                             |                             |                             |                             |
|---|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 37 / 77                 |                              |                             |                             |                             |                             |                             |
|   | (check only one)                        |                              |                              |                             |                             |                             |                             |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |  |  |  |
|---|---|--|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Carl M. Parks            |  | Date of Receipt                            |  |
|   | Mailing Address 122 C Street Northwest<br>Suite 540                 |  | M M / D D / Y Y Y Y<br>0 4 / 1 1 / 2 0 0 8 |  |
|   | City  | State  | Zip Code                                   | <b>Transaction ID:</b> def28fa0028f5d5888c |
|   | Washington  | DC   | 20001-2102                                 | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 96.50                                      |  |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>Senior Vice President-Government Affai |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1302.50                  |  |  |

|   |   |  |  |  |
|---|---|--|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Carl M. Parks            |  | Date of Receipt                            |  |
|   | Mailing Address 122 C Street Northwest<br>Suite 540                 |  | M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 8 |  |
|   | City  | State  | Zip Code                                   | <b>Transaction ID:</b> cf9125ed67b44bcabc4 |
|   | Washington  | DC   | 20001-2102                                 | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 96.50                                      |  |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>Senior Vice President-Government Affai |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1302.50                  |  |  |

|   |   |  |  |  |
|---|---|--|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Carl M. Parks            |  | Date of Receipt                            |  |
|   | Mailing Address 122 C Street Northwest<br>Suite 540                 |  | M M / D D / Y Y Y Y<br>0 5 / 0 9 / 2 0 0 8 |  |
|   | City  | State  | Zip Code                                   | <b>Transaction ID:</b> ca85830ad93bed25037 |
|   | Washington  | DC   | 20001-2102                                 | Amount of Each Receipt this Period         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 96.50                                      |  |
| Name of Employer<br>National Association of Mutual Insuran  |   | Occupation<br>Senior Vice President-Government Affai |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1302.50                  |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>289.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Carl M. Parks  |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
| Mailing Address 122 C Street Northwest<br>Suite 540   |  | <b>Transaction ID:</b> afa849ad054fef00c99          |
| City<br>Washington  | State<br>DC  | Zip Code<br>20001-2102                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>96.50         |
| Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Senior Vice President-Government Affai |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1302.50                  |   |

**B.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Carl M. Parks  |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 06 / 2008 |
| Mailing Address 122 C Street Northwest<br>Suite 540   |  | <b>Transaction ID:</b> e36d955d90d9df687c4          |
| City<br>Washington  | State<br>DC  | Zip Code<br>20001-2102                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>96.50         |
| Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Senior Vice President-Government Affai |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1302.50                  |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Carl M. Parks  |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 20 / 2008 |
| Mailing Address 122 C Street Northwest<br>Suite 540   |  | <b>Transaction ID:</b> e92a13a7665db1ca4e3          |
| City<br>Washington  | State<br>DC  | Zip Code<br>20001-2102                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>96.50         |
| Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Senior Vice President-Government Affai |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1302.50                  |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 289.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 39 / 77                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Sandra G. Parrillo

Mailing Address PO Box 6066

City Providence State RI Zip Code 02940-6066

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

Name of Employer Providence Mutual Fire Insurance Compa  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2008  
Transaction ID: b35813606ed0ddf6329  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dave Perdue

Mailing Address PO Box 1348

City Laramie State WY Zip Code 82073-1348

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

Name of Employer Mountain West Farm Bureau Mutual Insur  
Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2008  
Transaction ID: b39b7fd4a409326671f  
Amount of Each Receipt this Period 250.00

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

Mailing Address 3601 Vincennes Road

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 Associate Director of Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 23 / 2008  
Transaction ID: 64fe25b916448233351  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input 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 | PAGE 40 / 77 |
|---|---|--------------|

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>David Reddick   | Date of Receipt<br>MM / DD / YYYY<br>06 / 06 / 2008 |
|           | Mailing Address 3601 Vincennes Road  | <b>Transaction ID:</b> 34efe0616a2094dee4c          |
|           | City State Zip Code<br>Indianapolis IN 46268-1154  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: National Association of Mutual Insuran<br>Occupation: Associate Director of Public Policy<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>260.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>David Reddick   | Date of Receipt<br>MM / DD / YYYY<br>06 / 20 / 2008 |
|           | Mailing Address 3601 Vincennes Road  | <b>Transaction ID:</b> 90d7cf9f49dfdb76009          |
|           | City State Zip Code<br>Indianapolis IN 46268-1154  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: National Association of Mutual Insuran<br>Occupation: Associate Director of Public Policy<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>260.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Janey Repensek   | Date of Receipt<br>MM / DD / YYYY<br>06 / 02 / 2008 |
|           | Mailing Address 1460 Wells Street   | <b>Transaction ID:</b> edfa80c28793dbb6546          |
|           | City State Zip Code<br>Enumclaw WA 98022-3003   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Mutual of Enumclaw Insurance Company<br>Occupation: Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cindy Romero

Mailing Address PO Box 1348

City State Zip Code  
Laramie WY 82073-1348

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

Name of Employer Occupation  
Mountain West Farm Bureau Vice President, Operations  
Mutual Insur

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: de2ed017845e9c6d0f1

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: b0910598168e347bbb1

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

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

Transaction ID: 7efc0a44d1ecb8f39c3

Amount of Each Receipt this Period

20.00

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

290.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 20 / 2008  
Transaction ID: ae8ba842f6a9a788aaa  
Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Roy Schmett

Mailing Address PO Box 1348

City Laramie State WY Zip Code 82073-1348

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

Name of Employer Mountain West Farm Bureau Mutual Insur Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2008  
Transaction ID: e041de87e6301b617d3  
Amount of Each Receipt this Period 250.00

**C.**

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

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 Insura- nce Company Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 01 / 2008  
Transaction ID: a72ff8a985488d95ad7  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2770.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Dale R. Schuh

Mailing Address 1800 North Point Drive

City State Zip Code  
Stevens Point WI 54481-1253

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

**Transaction ID:** 9824a98cbe728be6505

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Schumacher

Mailing Address PO Box 168

City State Zip Code  
Hartley IA 51346-0168

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

**Transaction ID:** c62fd29ddc095cdb7a6

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Martin Shapiro

Mailing Address PO Box 40

City State Zip Code  
Norwich CT 06360-0040

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

Name of Employer Occupation  
New London County Mutual Director  
Insurance Com

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

**Transaction ID:** b5f2476366234c35cc1

Amount of Each Receipt this Period  
320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1070.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Christopher G. Shipe  | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2008 |
|           | Mailing Address PO Box 58  | <b>Transaction ID:</b> 0a1a5518c7071c39552          |
|           | City State Zip Code<br>Waterford VA 20197-0058   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Loudoun Mutual Insurance Company<br>Occupation President/CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Fred A. Shultz  | Date of Receipt<br>MM / DD / YYYY<br>05 / 14 / 2008 |
|           | Mailing Address 13 Idlewood Boulevard  | <b>Transaction ID:</b> 002211019574ca1201e          |
|           | City State Zip Code<br>Staunton VA 24401-9355  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Augusta Mutual Insurance Company<br>Occupation Secretary/Treasurer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kristen Sizelove   | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|           | Mailing Address PO Box 68700  | <b>Transaction ID:</b> f0a3f1d66ee1c25c4bb          |
|           | City State Zip Code<br>Indianapolis IN 46268-0700   | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer National Association of Mutual Insuran<br>Occupation Assistant Vice President - Member Serv<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>260.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1020.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Kristen Sizelove         | Date of Receipt<br>MM / DD / YYYY<br>06 / 06 / 2008 |
|   | Mailing Address PO Box 68700  | <b>Transaction ID:</b> 345dfa66401116d7b4e          |
|   | City Indianapolis State IN Zip Code 46268-0700                      | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Assistant Vice President - Member Serv                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Kristen Sizelove         | Date of Receipt<br>MM / DD / YYYY<br>06 / 20 / 2008 |
|   | Mailing Address PO Box 68700  | <b>Transaction ID:</b> 8b95c67f099feebcf1           |
|   | City Indianapolis State IN Zip Code 46268-0700                      | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>National Association of Mutual Insuran  | Occupation<br>Assistant Vice President - Member Serv                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Eileen M. Sleutaris      | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2008 |
|   | Mailing Address One Commerce Square<br>2005 Market Street           | <b>Transaction ID:</b> 327f8248986f45a4830          |
|   | City Philadelphia State PA Zip Code 19103-7008                      | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Pennsylvania Lumbermens Mutual Insuran  | Occupation<br>Assistant Vice President                              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

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

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 46 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Franklin P. Smith  | Date of Receipt<br>MM / DD / YYYY<br>06 / 12 / 2008 |
|           | Mailing Address PO Box 40   | <b>Transaction ID:</b> 904c91374adb477b972          |
|           | City State Zip Code<br>Norwich CT 06360-0040  | Amount of Each Receipt this Period<br>320.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Occupation<br>New London County Mutual Insurance Com Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>320.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>John K. Smith   | Date of Receipt<br>MM / DD / YYYY<br>05 / 14 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street  | <b>Transaction ID:</b> 8c6283660a87bd6f50b          |
|           | City State Zip Code<br>Philadelphia PA 19103-7008  | Amount of Each Receipt this Period<br>80.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>Pennsylvania Lumbermens Mutual Insuran President & CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>520.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>John K. Smith   | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street  | <b>Transaction ID:</b> 09f1eeac3c2d6f5a8fb          |
|           | City State Zip Code<br>Philadelphia PA 19103-7008  | Amount of Each Receipt this Period<br>80.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>Pennsylvania Lumbermens Mutual Insuran President & CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>520.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 480.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input 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 | PAGE 47 / 77 |
|---|---|--------------|

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>John K. Smith   | Date of Receipt<br>MM / DD / YYYY<br>06 / 03 / 2008 |
|           | Mailing Address One Commerce Square<br>2005 Market Street  | <b>Transaction ID:</b> 82360fb49dedaeb0fac          |
|           | City Philadelphia State PA Zip Code 19103-7008   | Amount of Each Receipt this Period<br>80.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Pennsylvania Lumbermens Mutual Insuran<br>Occupation President & CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>520.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Pete C. Smythe  | Date of Receipt<br>MM / DD / YYYY<br>04 / 09 / 2008 |
|           | Mailing Address PO Box 1960  | <b>Transaction ID:</b> efab8a8e593b000f601          |
|           | City Auburn State ME Zip Code 04211-1960   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Patrons Oxford Insurance Company<br>Occupation President & CEO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Douglas E. Steele   | Date of Receipt<br>MM / DD / YYYY<br>04 / 22 / 2008 |
|           | Mailing Address 1115 Weed Lane   | <b>Transaction ID:</b> f37481524f2d5627cd0          |
|           | City Vincennes State IN Zip Code 47591-5066  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Farmers Home Insurance Company of Knox<br>Occupation Secretary<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>830.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 48 / 77 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Paul G. Stueven

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Manager/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date 2500.00

Date of Receipt 04 / 10 / 2008

Transaction ID: 6804159dbe87461c1bd

Amount of Each Receipt this Period 2500.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date 260.00

Date of Receipt 05 / 23 / 2008

Transaction ID: 25719632eed05a6f5de

Amount of Each Receipt this Period 20.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date 260.00

Date of Receipt 06 / 06 / 2008

Transaction ID: 72f5d5af56b63bd2eba

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2540.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |
|---|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 77<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b                      |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                       |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 12                       |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16                       |
| <input type="checkbox"/>  | <input type="checkbox"/> 17                       |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer  
NAMIC Insurance Company, Inc.

Occupation  
Vice President - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2008

Transaction ID: 8324607af14e1d3cb89

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff Suloff

Mailing Address PO Box 1348

City Laramie State WY Zip Code 82073-1348

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

Name of Employer  
Mountain West Farm Bureau Mutual Insur

Occupation  
Claims Professional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: 583f40f99c3fd45fc88

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Tenney

Mailing Address 1285 Highway 15 South

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer  
Fairmont Farmers Mutual Insurance Comp

Occupation  
Underwriter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 5b1a1581ca453ed9e30

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Leslie L. Tintzman

Mailing Address 605 Willow Creek Road

City State Zip Code  
Corvallis MT 59828-9473

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

Name of Employer Occupation  
Bitterroot Farm Mutual Insurance, Inc. Manager/Secretary-Treasurer

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

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

**Transaction ID:** 2d36c195ad04ec1991a

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 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2008

**Transaction ID:** ef9a3e31607cfb9540a

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 48734

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** 7c9b9a601e5a4b5cff0

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: (check only one)       | PAGE 51 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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 ▼ 468.00

Date of Receipt: MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: d59a15b094e8266cdfd

Amount of Each Receipt this Period: 39.00

**B.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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 ▼ 468.00

Date of Receipt: MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 8c516d879c8ad7a655e

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 48734

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 ▼ 468.00

Date of Receipt: MM / DD / YYYY  
06 / 02 / 2008

Transaction ID: 29eddecf341fdcb58f9

Amount of Each Receipt this Period: 39.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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 ▼  
468.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2008

**Transaction ID:** 0c4e460f6c97a8a8cc4

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan Tukul

Mailing Address 535 Griswold Suite 1210

City State Zip Code  
Detroit MI 48226-3689

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

Name of Employer  
Locomotive Engineers and Conductors Mu

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** fbae0f0080c2d43d3af

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas J. Wacek

Mailing Address PO Box 158

City State Zip Code  
Montpelier VT 05601-0158

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

Name of Employer  
Union Mutual Fire Insurance Company

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2008

**Transaction ID:** 9f8934b0216e6875783

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **539.00**

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 53 / 77                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Wayne F. White  | Date of Receipt<br>MM / DD / YYYY<br>05 / 28 / 2008 |
|           | Mailing Address PO Box 906   | <b>Transaction ID:</b> 502fd62a429bc91e3d8          |
|           | City State Zip Code<br>Conway AR 72033-0906  | Amount of Each Receipt this Period<br>1250.00       |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer<br>Farmers Union Mutual Insurance Company<br>Occupation<br>Executive Vice President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>James W. Wilds  | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2008 |
|           | Mailing Address One Mutual Avenue  | <b>Transaction ID:</b> 31bc044dcd3b5a96529          |
|           | City State Zip Code<br>Frankenmuth MI 48734  | Amount of Each Receipt this Period<br>39.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer<br>Frankenmuth Mutual Insurance Company<br>Occupation<br>Senior Vice President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>468.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>James W. Wilds  | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2008 |
|           | Mailing Address One Mutual Avenue  | <b>Transaction ID:</b> 93887703cc03d82538f          |
|           | City State Zip Code<br>Frankenmuth MI 48734  | Amount of Each Receipt this Period<br>39.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer<br>Frankenmuth Mutual Insurance Company<br>Occupation<br>Senior Vice President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>468.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1328.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 / 77                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>James W. Wilds       | Date of Receipt<br>MM / DD / YYYY<br>05 / 06 / 2008 |
|   | Mailing Address One Mutual Avenue                               | <b>Transaction ID:</b> 7e00d0aabf3c46c582f          |
|   | City State Zip Code<br>Frankenmuth MI 48734                     | Amount of Each Receipt this Period<br>39.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>Senior Vice President                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>468.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>James W. Wilds       | Date of Receipt<br>MM / DD / YYYY<br>05 / 20 / 2008 |
|   | Mailing Address One Mutual Avenue                               | <b>Transaction ID:</b> b59592c4f50c1340458          |
|   | City State Zip Code<br>Frankenmuth MI 48734                     | Amount of Each Receipt this Period<br>39.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>Senior Vice President                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>468.00                              |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>James W. Wilds       | Date of Receipt<br>MM / DD / YYYY<br>06 / 02 / 2008 |
|   | Mailing Address One Mutual Avenue                               | <b>Transaction ID:</b> b463cfa9cba9381b6b2          |
|   | City State Zip Code<br>Frankenmuth MI 48734                     | Amount of Each Receipt this Period<br>39.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>Senior Vice President                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>468.00                              |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>117.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

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

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48734

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 ▼  
468.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2008

**Transaction ID:** 02e094f86ddea18361a

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
J.F. Williams

Mailing Address 1471 Floyd Ave

City State Zip Code  
Richmond VA 23220-4664

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  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID:** 1f12ce1b437870d7885

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
David Wilson

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  
Mutual of Enumclaw Insurance Company

Occupation  
Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

**Transaction ID:** d03f7f80770c6d3bfa2

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: PAGE 56 / 77  
(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)  
NAMIC PAC

**A.**

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br>Michael A. Yeager  |                                    | Date of Receipt<br>MM / DD / YYYY<br>05 / 28 / 2008 |  |
| Mailing Address 1047 W Hamilton St  |                                    | Transaction ID: 85df73fda0f36fb69b2                 |  |
| City<br>Allentown   | State<br>PA                        | Zip Code<br>18101-1012                              | Amount of Each Receipt this Period<br>200.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Mutual Insurance Company of Lehigh Cou  | Occupation<br>President & CEO      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |  |

**B.**

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br>Mohammad Zahoor  |                                    | Date of Receipt<br>MM / DD / YYYY<br>05 / 15 / 2008 |  |
| Mailing Address 1501 Capital Way South  |                                    | Transaction ID: c08c57cded88eba6b64                 |  |
| City<br>Olympia   | State<br>WA                        | Zip Code<br>98501-2200                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>PEMCO Mutual Insurance Co-<br>mpany   | Occupation<br>Director             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 450.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 35370.74 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 77  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

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

Mailing Address 6000 American Parkway

City State Zip Code  
Madison WI 53783

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 8

**Transaction ID:** 52c53a1300b0b692150

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Nationwide Political Participation Committee

Mailing Address One Nationwide Plaza  
1-27-10

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 0 8

**Transaction ID:** deab32f0c968883d314

Amount of Each Receipt this Period  
2500.00

**C.** 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) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 3 / 2 0 0 8

**Transaction ID:** 61592bd0f482b9dbeb9

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**TOTAL** This Period (last page this line number only) ..... ► **6000.00**

# 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 58 / 77

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>National City Bank</p> <p>Mailing Address 1417 W 86th St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement<br/>Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> eacfbddbb7de34b9776</p> <p>Date of Disbursement<br/>04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>210.46</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>National City Bank</p> <p>Mailing Address 1417 W 86th St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement<br/>Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 25dd62fb03703450757</p> <p>Date of Disbursement<br/>05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period<br/>77.96</p> <p>001<br/>Category/<br/>Type</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>National City Bank</p> <p>Mailing Address 1417 W 86th St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement<br/>Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 194dfb89669b82fb954</p> <p>Date of Disbursement<br/>06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>141.19</p> <p>001<br/>Category/<br/>Type</p> |

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

429.61

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

429.61

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Andy Harris for Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Andrew P. Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MD District: 01</p>               | <p><b>Transaction ID:</b> 53795-8127405047416</p> <p>Date of Disbursement<br/><span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bachmann for Congress</p> <p>Mailing Address 6053 Hudson Road Ste 360</p> <p>City Woodbury State MN Zip Code 55125</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Michele M. Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MN District: 06</p>   | <p><b>Transaction ID:</b> 53795-6915246844291</p> <p>Date of Disbursement<br/><span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bachus for Congress Committee</p> <p>Mailing Address PO Box 131134</p> <p>City Birmingham State AL Zip Code 35213</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Spencer T. Bachus, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: AL District: 06</p> | <p><b>Transaction ID:</b> 55668-9605218768119</p> <p>Date of Disbursement<br/><span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p> |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <span style="border: 1px solid black; padding: 2px; display: block;">4500.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px; display: block;"> </span>       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |   |   |  |
|-----------|---|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Barrett for Congress<br><br>Mailing Address PO Box 869<br>PO Box 869<br><br>City Westminster State SC Zip Code 29693<br><br>Purpose of Disbursement Contribution<br>Candidate Name James Gresham Barrett<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 03<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> 55668-5397912859916<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 4 / 2 0 0 8 | Amount of Each Disbursement this Period<br><br>1000.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Bennett Election Committee Inc<br><br>Mailing Address 175 South West Temple Suite 650<br><br>City Salt Lake City State UT Zip Code 84101<br><br>Purpose of Disbursement Contribution<br>Candidate Name Robert F. Bennett<br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 21095-3040124773979<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 8 | Amount of Each Disbursement this Period<br><br>1000.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bill Shuster for Congress<br><br>Mailing Address PO Box 27<br><br>City Hollidaysburg State PA Zip Code 16648<br><br>Purpose of Disbursement Contribution<br>Candidate Name Bill Shuster<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 09<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                               | <b>Transaction ID:</b> 55668-7869531512260<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 4 / 2 0 0 8 | Amount of Each Disbursement this Period<br><br>1000.00 |

|  |  |                |  |
|--|--|----------------|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      |  | <b>3000.00</b> |  |
| <b>TOTAL</b> 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)  
NAMIC PAC

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Blue Dog Political Action Committee   | Transaction ID: 77660-7929651141166<br>Date of Disbursement   |
|    | Mailing Address 6849 Old Dominion Drive<br>Suite 222   | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
|    | City McLean State VA Zip Code 22101  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution<br>Candidate Name   | <input type="text" value="2500.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | <input type="text" value="011"/><br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Bob Schaffer for Us Senate  | Transaction ID: 44624-5376703143119<br>Date of Disbursement   |
|    | Mailing Address PO Box 102135  | <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/> |
|    | City Denver State CO Zip Code 80250  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution<br>Candidate Name Robert W. Schaffer  | <input type="text" value="2000.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District:   | <input type="text" value="011"/><br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Boren for Congress 2008  | Transaction ID: 91902-3885766863822<br>Date of Disbursement   |
|    | Mailing Address PO Box 1924   | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> |
|    | City Muskogee State OK Zip Code 74402   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution<br>Candidate Name Daniel Boren   | <input type="text" value="2000.00"/>  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OK District: 02 | <input type="text" value="011"/><br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="6500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Candice Miller for Congress</p> <p>Mailing Address PO Box 182152</p> <p>City Shelby Township State MI Zip Code 48318</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Candice S. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MI District: 10</p> | <p><b>Transaction ID:</b> 53795-5294153094291</p> <p>Date of Disbursement<br/><span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Coleman for Senate 08</p> <p>Mailing Address 680 Transfer Road Suite A</p> <p>City St Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MN District:</p>           | <p><b>Transaction ID:</b> 87483-7212182879448</p> <p>Date of Disbursement<br/><span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: ME District:</p>                        | <p><b>Transaction ID:</b> 24821-0915643572807</p> <p>Date of Disbursement<br/><span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></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)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Donald A. Manzullo for Congress<br><hr/> Mailing Address PO Box 7783<br>PO Box 7783<br><hr/> City Rockford State IL Zip Code 61126<br><hr/> Purpose of Disbursement Contribution<br>Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Category/Type<br><hr/> Candidate Name Donald A. Manzullo<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: IL District: 16 | Transaction ID: 91902-0361291766166<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 8<br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div> |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Elizabeth Dole Committee Inc<br><hr/> Mailing Address PO Box 2918<br><hr/> City Raleigh State NC Zip Code 27602<br><hr/> Purpose of Disbursement Contribution<br>Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Category/Type<br><hr/> Candidate Name Elizabeth Dole<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: NC District:                           | Transaction ID: 89729-2995111346244<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 8<br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Friends of Chris Dodd<br><hr/> Mailing Address PO Box 270701<br><hr/> City West Hartford State CT Zip Code 06127<br><hr/> Purpose of Disbursement Contribution<br>Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Category/Type<br><hr/> Candidate Name Christopher J. Dodd<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: CT District:                     | Transaction ID: 82674-0950586199760<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 4 / 2 0 0 8<br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> |

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

12000.00

**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)  
NAMIC PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Congressman Tim Holden</p> <p>Mailing Address 18 N. Second St., Box 37<br/>PO Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 17</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 24821-0072137713432</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Dave Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WA District: 08</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                    | <p><b>Transaction ID:</b> 27159-1846429705619</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 2 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Gordon Smith</p> <p>Mailing Address 228 S Washington Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Gordon H. Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> 85233-8019677996635</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00 |
| <b>TOTAL</b> 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)  
NAMIC PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Roy Blunt</p> <p>Mailing Address PO Box 50100<br/>PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Contribution<br/>Contribution</p> <p>Candidate Name Roy D. Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MO District: 07</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 29192-5138666033744</p> <p>Date of Disbursement<br/>06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Gard for Congress</p> <p>Mailing Address PO Box 277</p> <p>City Green Bay State WI Zip Code 54305</p> <p>Purpose of Disbursement Contribution<br/>Contribution</p> <p>Candidate Name John G. Gard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 08</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 68694-3780633807182</p> <p>Date of Disbursement<br/>04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Gard for Congress</p> <p>Mailing Address PO Box 277</p> <p>City Green Bay State WI Zip Code 54305</p> <p>Purpose of Disbursement Contribution<br/>Contribution</p> <p>Candidate Name John G. Gard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 08</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 24821-9087640643119</p> <p>Date of Disbursement<br/>06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/<br/>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)

PAGE 66 / 77

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Gregg Harper for Congress  | Transaction ID: 24821-5368310809135<br>Date of Disbursement  |
|    | Mailing Address Post Office Box 54344   | <input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>  |
|    | City Pearl State MS Zip Code 39288  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>   |
|    | Candidate Name Gregg Harper   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MS District: 03 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>Jim Gerlach for Congress Committee   | Transaction ID: 85233-4598047137260<br>Date of Disbursement  |
|    | Mailing Address PO Box 87   | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>  |
|    | City Uwchland State PA Zip Code 19480   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>   |
|    | Candidate Name James W. Gerlach   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 06 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>Jim Gerlach for Congress Committee   | Transaction ID: 55668-7130700945854<br>Date of Disbursement  |
|    | Mailing Address PO Box 87   | <input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>  |
|    | City Uwchland State PA Zip Code 19480   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1500.00"/>   |
|    | Candidate Name James W. Gerlach   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 06 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>John Shadeggs Friends<br><hr/> Mailing Address PO Box 45444<br><hr/> City Phoenix State AZ Zip Code 85064<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name John Shadegg<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 03<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 21095-1674920916557<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>2000.00   |
|  | Category/Type<br>011   |
|  | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Judy Biggert for Congress<br><hr/> Mailing Address PO Box 637<br><hr/> City Hinsdale State IL Zip Code 60522<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Judy Biggert<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 13<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 77660-6258050799369<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/Type<br>011   |
|  | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Keller for Congress<br><hr/> Mailing Address PO Box 1453<br><hr/> City Orlando State FL Zip Code 32802<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Ric Keller<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 08<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: 87483-0380060076713<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/Type<br>011   |
|  | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

4000.00

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



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

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

FOR LINE NUMBER: (check only one)

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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)  
NAMIC PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mica for Congress</p> <p>Mailing Address PO Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: FL District: 07</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 77660-9682886004448</p> <p>Date of Disbursement<br/>04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>National Republican Congressional Committee</p> <p>Mailing Address 320 First Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p> | <p><b>Transaction ID:</b> 77660-4675104022026</p> <p>Date of Disbursement<br/>04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>15000.00</p> <p>011<br/>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Randy Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 19</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 21095-6150628924369</p> <p>Date of Disbursement<br/>05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p>  |

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

17000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 77

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>New Democrat Coalition Political Action Committee Aka Ndc Pac<br>Mailing Address 607 14th Street NW Suite 800  | Transaction ID: 77660-2306329607963<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 30 / 2008 |
|  | Amount of Each Disbursement this Period<br>1000.00  |
| City Washington State DC Zip Code 20005<br>Purpose of Disbursement Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: Contribution | 011<br>Category/Type  |

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|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Northup for Congress<br>Mailing Address PO Box 7913   | Transaction ID: 21095-8373224139213<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 14 / 2008 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
| City Louisville State KY Zip Code 40257<br>Purpose of Disbursement Contribution<br>Candidate Name Anne Honorable Northup<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: KY District: 03 | 011<br>Category/Type  |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Paul Hodes for Congress<br>Mailing Address 26 South Main Street, #253   | Transaction ID: 96847-4538843035697<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 03 / 2008 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
| City Concord State NH Zip Code 03301<br>Purpose of Disbursement Contribution<br>Candidate Name Paul W. Hodes<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: NH District: 02 | 011<br>Category/Type  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty) |

# 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)  
NAMIC PAC

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Pennsylvanians for Kanjorski</p> <p>Mailing Address 103 South Hanover Street</p> <p>City Nanticoke State PA Zip Code 18634</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Paul E. Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 11</p> | <p><b>Transaction ID:</b> 85233-5352441668510<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 0 | 3 | / | 2 | 0 | 0 | 8 | 2500.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 4  | / | 0 | 3 | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2500.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Thomas E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 06</p>                             | <p><b>Transaction ID:</b> 91902-2666894793510<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 1 | 7 | / | 2 | 0 | 0 | 8 | 1000.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 4  | / | 1 | 7 | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Rehberg for Congress</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Dennis Rehberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MT District: 01</p>                            | <p><b>Transaction ID:</b> 77660-0904352068901<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 8 | 1000.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 4  | / | 3 | 0 | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

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

**4500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
NAMIC PAC

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| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Richard Burr Committee<br><hr/> Mailing Address Post Office Box 5928<br><hr/> City Winston-Salem State NC Zip Code 27113<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Richard M. Burr<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 55668-6387597918510<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 4 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Roskam for Congress Committee<br><hr/> Mailing Address PO Box 713<br><hr/> City Wheaton State IL Zip Code 60187<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Peter J. Roskam<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 06<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: 91902-0835534930229<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Schock for Congress<br><hr/> Mailing Address PO Box 10555<br><hr/> City Peoria State IL Zip Code 61612<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Aaron Schock<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 18<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 89729-0795556902885<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> 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)  
NAMIC PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Scott Garrett for Congress</p> <p>Mailing Address PO Box 905</p> <p>City Newton State NJ Zip Code 07860</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name E. Scott Garrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 05</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 21095-7415429949760<br/><b>Date of Disbursement</b><br/>05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Senate Majority Fund</p> <p>Mailing Address PO Box 32025</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>                         | <p><b>Transaction ID:</b> 91902-7351495623588<br/><b>Date of Disbursement</b><br/>04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Shelby for U S Senate</p> <p>Mailing Address Post Office Box 1091</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Richard C. Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AL District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 83043-4056970477104<br/><b>Date of Disbursement</b><br/>06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 10000.00 |
| <b>TOTAL</b> 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)  
NAMIC PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Steve Chabot for Congress</p> <p>Mailing Address 3339 Harrison Ave.<br/>3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Steve Chabot</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 01</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 55668-4480554461479</p> <p>Date of Disbursement<br/>06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Stivers for Congress</p> <p>Mailing Address 81 S Fifth Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 15</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> 77660-9757959246635</p> <p>Date of Disbursement<br/>04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Stivers for Congress</p> <p>Mailing Address 81 S Fifth Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 15</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> 29192-6374933123588</p> <p>Date of Disbursement<br/>06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</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)

PAGE 75 / 77

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Team Emerson for Jo Ann Emerson</p> <p>Mailing Address PO Box 822<br/>PO Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MO District: 08</p> | <p><b>Transaction ID:</b> 21095-8616754412651<br/><b>Date of Disbursement</b><br/><span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b><br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1500.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Thelma Drake for Congress</p> <p>Mailing Address PO Box 61480</p> <p>City Virginia Beach State VA Zip Code 23466</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Thelma S. Drake</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: VA District: 02</p>                   | <p><b>Transaction ID:</b> 77660-5753595232963<br/><b>Date of Disbursement</b><br/><span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b><br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Tiberi for Congress</p> <p>Mailing Address 2021 E Dublin Granville Road<br/>Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Pat Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: OH District: 12</p>     | <p><b>Transaction ID:</b> 77660-3187829852104<br/><b>Date of Disbursement</b><br/><span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b><br/><span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> |

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Tom Feeney for Congress</p> <p>Mailing Address PO Box 622345</p> <p>City Oviedo State FL Zip Code 32762</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Tom Feeney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 24</p>            | <p><b>Transaction ID:</b> 89729-9381067156791</p> <p>Date of Disbursement<br/>05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Treadwell for Congress</p> <p>Mailing Address PO Box 685</p> <p>City Saratoga Springs State NY Zip Code 12866</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Sandy Treadwell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 20</p> | <p><b>Transaction ID:</b> 24821-8475763201713</p> <p>Date of Disbursement<br/>06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Wally Herger for Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 02</p> | <p><b>Transaction ID:</b> 91902-9382135272026</p> <p>Date of Disbursement<br/>04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 102000.00 |

Image# 28992098809

Form/Schedule: **F3X**

Transaction ID:

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