



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="98749.50"/>	<input type="text" value="98749.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45242.61"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="41058.21"/>	<input type="text" value="277682.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86300.82"/>	<input type="text" value="376431.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49375.64"/>	<input type="text" value="339506.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36925.18"/>	<input type="text" value="36925.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29465.34	178008.93
(ii) Unitemized .....	6415.68	75156.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35881.02	253165.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	23250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	40881.02	276415.39
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).....	167.92	1180.88
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9.27	85.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	41058.21	277682.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41058.21	277682.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	375.64	1444.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	375.64	1444.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	321500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2412.43
(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	2412.43
29. Other Disbursements .....	2500.00	14150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49375.64	339506.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49375.64	339506.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40881.02	276415.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2412.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40881.02	274002.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	375.64	1444.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	167.92	1180.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	207.72	263.22

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. John Abbott**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Director
---------------------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	06	/	2012

**Transaction ID : A8E8A361B509D49CFA06**

Amount of Each Receipt this Period  
1000.00

**B. Ms. Cathy M. Adcock**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	01	/	2012

**Transaction ID : A220EE0786A724F9EA16**

Amount of Each Receipt this Period  
50.00

**C. Mr. Todd E. Albert**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
451.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	01	/	2012

**Transaction ID : A03D7025242184C83993**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1080.00
<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 8 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Neil Alldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2012  
**Transaction ID : A3D00E40BC6A0421DA83**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Neil Alldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : A631D62C90EE7471DA79**  
 Amount of Each Receipt this Period  
 40.00

**C. Ms. Diane Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : A8CC56DD81211449E921**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Anthony Anastanio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 California St Ste 2100  
 City San Francisco State CA Zip Code 94104-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer General Reinsurance Corporation Occupation West Region Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : AD8245D98BB8142849CA**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Herman J. Arends**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012  
**Transaction ID : A1C457379B7D648CB89B**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Lisa M Ayotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP- Real Estate & Operational Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : A98432468CB8048849C8**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1530.00
<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 10 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael D. Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A0D231AC3C72A49019DA**  
 Amount of Each Receipt this Period 50.00

**B. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 03 / 2012  
**Transaction ID : A81B87063300240919D7**  
 Amount of Each Receipt this Period 115.39

**C. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 17 / 2012  
**Transaction ID : AA53D55FE968A4F90BF3**  
 Amount of Each Receipt this Period 115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.78  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2077.02**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : AA407CB7560A04E0AAD5**  
 Amount of Each Receipt this Period **115.39**

**B. Ms. Deborah Betten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Claims Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **248.22**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AF7831F3B5E384D659F9**  
 Amount of Each Receipt this Period **10.62**

**C. Ms. Rena Bilodeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President - Human Resources  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **725.00**

Date of Receipt **08 / 06 / 2012**  
**Transaction ID : A31F5984B403342DFA09**  
 Amount of Each Receipt this Period **150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **276.01**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Mr. Stuart R. Birn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation First Vice President, Secretary & Gene  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 21 / 2012  
**Transaction ID : A887FBB32A10C41D6A91**  
 Amount of Each Receipt this Period 250.00

**B. Mr. Clarence Boyle Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : AEE3ED2B509814B2C88F**  
 Amount of Each Receipt this Period 100.00

**C. Mrs. Lynn Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 South US Highway 77-A  
 City Yoakum State TX Zip Code 77995-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hochheim Prairie Farm Mutual Insurance Occupation Director of Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : A9913D9949FF84760808**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Heather Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

Name of Employer Ohio Mutual Insurance Company	Occupation Bill Service Center Manager
---------------------------------------------------	-------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

**Transaction ID : AD3299F6D2C584E8AB31**

Amount of Each Receipt this Period  

5.00
------

**B. Ms. Heather Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

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

Name of Employer Ohio Mutual Insurance Company	Occupation Bill Service Center Manager
---------------------------------------------------	-------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

**Transaction ID : A8E1FC6D7C1FC4E23875**

Amount of Each Receipt this Period  

5.00
------

**C. Mr. Bob I. Buchanan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3994
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FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Info. Systems &
---------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

**Transaction ID : AD4B2C150BF6F4F94953**

Amount of Each Receipt this Period  

42.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>52.00</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 14 OF 75  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Thaddeus J. Buda**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

Name of Employer Occupation  
Auto-Owners Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 06 / 2012  
**Transaction ID : AC557EAE69EA84EF1ABF**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Melinda Carlson**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

Name of Employer Occupation  
Auto-Owners Insurance Company Senior Attorney, Legal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 08 / 2012  
**Transaction ID : A9573D372E1CC4E76933**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1440.00

Date of Receipt  
08 / 09 / 2012  
**Transaction ID : A288289D8F24242DD894**

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 840.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Charles M. Chamness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 08 / 24 / 2012  
**Transaction ID : AB0CF28AAAF9E4D31B93**  
 Amount of Each Receipt this Period 90.00

**B. Mr. Mark Coe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A153A7B8617594A879CF**  
 Amount of Each Receipt this Period 39.00

**C. Mr. Mark Coe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 621.00

Date of Receipt 08 / 21 / 2012  
**Transaction ID : AD47160E38EEC4C2ABB4**  
 Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 168.00  
**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 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A. Mr. Darwin G. Copeman CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 468  
 City Neenah State WI Zip Code 54957-0468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1705.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : AB08B4424DAD54027963**  
 Amount of Each Receipt this Period 154.00

**B. Mr. Gregg Cornell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : ACE2923926CC749C8AEE**  
 Amount of Each Receipt this Period 1000.00

**C. Mr. Jeffrey Couchman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1463  
 City Minneapolis State MN Zip Code 55440-1463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western National Mutual Insurance Comp Occupation Vice President of Marketing & Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2012  
**Transaction ID : A82B163FC462840F6A67**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1404.00
<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 17 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Joseph DeChatelets CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City State Zip Code  
 Rockford IL 61125-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockford Mutual Insurance Company 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 Y Y  
 08 / 21 / 2012  
**Transaction ID : A7EEDEB135BBA41359A4**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Robert Detlefsen PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Mutual Insuran Vice President - Public Policy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 565.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012  
**Transaction ID : AC5BB06719E3844129A9**  
 Amount of Each Receipt this Period  
 43.48

**c. Mr. Robert Detlefsen PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Mutual Insuran Vice President - Public Policy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 608.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : A090F52D458C44155838**  
 Amount of Each Receipt this Period  
 43.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 336.96  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Charles W. Drier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : A0A0D2ADE560749C0A77**  
 Amount of Each Receipt this Period **75.00**

**B. Mr. Christian Drusano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Marketing Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **206.37**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AA4790C632DC944788B2**  
 Amount of Each Receipt this Period **15.88**

**C. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1538.56**

Date of Receipt **08 / 09 / 2012**  
**Transaction ID : AABED49FB7E1A44A1A93**  
 Amount of Each Receipt this Period **96.16**

**SUBTOTAL** of Receipts This Page (optional)..... **187.04**  
**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 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Gregg A. Dykstra J.D.</b>		Date of Receipt
Mailing Address 3601 Vincennes Rd		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Indianapolis	IN	46268-1154
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A45497901A8084640BC6</b>
Name of Employer National Association of Mutual Insuran		Amount of Each Receipt this Period
Occupation Chief Operating Officer		<input type="text" value="96.16"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1634.72"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Fred A. Edmond CPCU, CIC</b>		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AD354FB6CA4C546709A8</b>
Name of Employer Frankenmuth Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President		<input type="text" value="38.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="615.52"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Mr. Fred A. Edmond CPCU, CIC</b>		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A480E61C925214BE48B8</b>
Name of Employer Frankenmuth Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President		<input type="text" value="38.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="653.99"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="173.10"/>
<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 20 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 31 / 2012  
**Transaction ID : AE3D4C61AF1F24263BDB**  
 Amount of Each Receipt this Period 38.47

**B. Mr. Jon Erickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2102 White Gate Drive  
 City Columbia State MO Zip Code 65205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2012  
**Transaction ID : A654139CA2DEF41A9808**  
 Amount of Each Receipt this Period 250.00

**C. Mr. Andrew M. Eriksen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Manager-Project Research & Coordinatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A5448A88E6203406A8C6**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	388.47
<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 21 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Stephen F. Fabian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President - Information  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 444.45

Date of Receipt 08 / 01 / 2012  
**Transaction ID : AFB203EA6C3EE47FBAC4**  
 Amount of Each Receipt this Period 111.12

**B. Ms. Eileen Phaner AIAF, CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Treasurer & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : A658F45B0D0024724A1B**  
 Amount of Each Receipt this Period 500.00

**C. Ms. Gayle Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Life Operatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : AF98871ABF1524474AA0**  
 Amount of Each Receipt this Period 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.12
<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 22 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Carroll Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : A27CBA1E658F2422C9A2**

Amount of Each Receipt this Period 100.00

**B. Mr. Rusty Frisinger**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1050

City Fayetteville State AR Zip Code 72702-1050

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

Name of Employer Washington County Farmers Mutual Fire Occupation General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 03 / 2012  
**Transaction ID : AFF78FB65296F413EB14**

Amount of Each Receipt this Period 75.00

**C. Mr. Donald Fry**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : A1F9BCCD7C3A6421B891**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Matt Gannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President Federal Affai
------------------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

**Transaction ID : A2F0B876D812D42ED983**

Amount of Each Receipt this Period  

20.00
-------

**B. Mr. Matt Gannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President Federal Affai
------------------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : AC88F502C7D8445838B9**

Amount of Each Receipt this Period  

20.00
-------

**C. Mr. Henry R. Gibbel**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 900

City Lititz	State PA	Zip Code 17543-7007
----------------	-------------	------------------------

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

Name of Employer Lititz Mutual Insurance Company	Occupation President & COO
-----------------------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

**Transaction ID : ACEB7AFBDFDB44E6186A**

Amount of Each Receipt this Period  

300.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</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 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **615.52**

Date of Receipt **08 / 03 / 2012**  
**Transaction ID : AEC0578929EBB4887861**  
 Amount of Each Receipt this Period **38.47**

**B. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **653.99**

Date of Receipt **08 / 17 / 2012**  
**Transaction ID : AED0D1EE0A7EB4DED8E6**  
 Amount of Each Receipt this Period **38.47**

**C. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **692.46**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : AA0B8C14536D44F1F985**  
 Amount of Each Receipt this Period **38.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. John Goodin**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Underwriting Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.37

Date of Receipt 08 / 01 / 2012  
**Transaction ID : AF47B1CFD689849FF9BB**

Amount of Each Receipt this Period 15.88

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1469.65

Date of Receipt 08 / 09 / 2012  
**Transaction ID : AA27388D5DE4D49E3922**

Amount of Each Receipt this Period 113.05

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1582.70

Date of Receipt 08 / 24 / 2012  
**Transaction ID : AEF0E4BB651ED49F8B2C**

Amount of Each Receipt this Period 113.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 241.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : AE94B09A6A6C540D780E**

Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : A3ACDCAB027D84741B18**

Amount of Each Receipt this Period 2500.00

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : A71C5FC131BC54C1B8F5**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2620.00

**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 27 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. F. Timothy Hegarty Jr., CPCU</b>		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Dedham	MA	02026-1850
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A0CDDBF4160CE4036A47</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Norfolk & Dedham Mutual Fire Insurance	President & CEO	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Brenda G. Hennenfent</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A44F3C145101F430BB31</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Regional Vice President	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. David F. Honold</b>		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A24412BDC95344277A04</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Frankenmuth Mutual Insurance Company	Senior Vice President	<input type="text" value="76.93"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1230.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="126.93"/>
<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 28 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. David F. Honold**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1307.81

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012  
**Transaction ID : AD368E59BE2CC450FA47**  
Amount of Each Receipt this Period  
76.93

**B. Mr. David F. Honold**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012  
**Transaction ID : A51455D1797044D15995**  
Amount of Each Receipt this Period  
76.93

**C. Mr. Mark Hooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909-8160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 06 / 2012  
**Transaction ID : A567C449D569342C0B74**  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 653.86  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard Hughes**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

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

Name of Employer Occupation  
Harford Mutual Insurance Company Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.37

Date of Receipt  
08 / 01 / 2012  
**Transaction ID : A4EAD6E0BFC884467BE5**

Amount of Each Receipt this Period  
15.88

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

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411-1896

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

Name of Employer Occupation  
Preferred Mutual Insurance Company Director of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
08 / 06 / 2012  
**Transaction ID : A51082D6F70644E8B9C4**

Amount of Each Receipt this Period  
50.00

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

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Company Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
08 / 01 / 2012  
**Transaction ID : A1B578B20426D416285B**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.88

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	21	/	2012

**Transaction ID : A4BA0AD6F91E64A62A2E**

Amount of Each Receipt this Period  

340.00
--------

Full Name (Last, First, Middle Initial)  
**B. Mr. Lee A. Janis III**

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

Name of Employer	Occupation
Auto-Owners Insurance Company	Vice President of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	06	/	2012

**Transaction ID : A1A62FB64381C4E5EA70**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**C. Mr. Frank P. Kellner III**

Mailing Address 200 N Main St

City	State	Zip Code
Bel Air	MD	21014-3544

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

Name of Employer	Occupation
Harford Mutual Insurance Company	Vice President, Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.20**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	01	/	2012

**Transaction ID : A81685074E1F345CF9B8**

Amount of Each Receipt this Period  

55.52
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.52</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Vaughn Kidd</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AE7A506DE702F40FFB2C</b>
Name of Employer Harford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Supervising Underwriter		<input type="text" value="15.88"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="206.37"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark King</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3554
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A41CDC57CD582491DA7F</b>
Name of Employer Harford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President & Chief Financial Offic		<input type="text" value="53.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="213.32"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark King</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3554
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : ADB4322993FBC4EC98B0</b>
Name of Employer Harford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President & Chief Financial Offic		<input type="text" value="53.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="266.65"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="122.54"/>
<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 32 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Drew A. Klasing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Manager, Home Office Claims  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : ACF146EB12FAD40A283C**  
 Amount of Each Receipt this Period **300.00**

**B. Mr. Kraig T. Klopfenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : A30AE7D107D094CD2B42**  
 Amount of Each Receipt this Period **75.00**

**C. Ms. Jo Ann M. Kuschel PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 Harold Meyer Dr  
 City New Haven State MO Zip Code 63068-1253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boeuf & Berger Mutual Insurance Compan Occupation Secretary/Treasurer/ Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 06 / 2012**  
**Transaction ID : AD758EA233CAD4F62ADF**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **605.00**  
**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 33 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Justin L. Lear PFMM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 396		<b>Transaction ID : AADD8F5668B3F464582F</b>
City Ellinwood	State KS	Zip Code 67526-0396
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.33	
Name of Employer Farmers Mutual Insurance Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.32	

Full Name (Last, First, Middle Initial) <b>B. Mr. Justin L. Lear PFMM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012
Mailing Address PO Box 396		<b>Transaction ID : A16045268DEE74562822</b>
City Ellinwood	State KS	Zip Code 67526-0396
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.33	
Name of Employer Farmers Mutual Insurance Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.65	

Full Name (Last, First, Middle Initial) <b>C. Mr. Steven Linkous</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2012
Mailing Address 200 N Main St		<b>Transaction ID : A9C9A1FFADF0A4F60ADB</b>
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Harford Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 200 N Main St

City State Zip Code  
 Bel Air MD 21014-3544

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

Name of Employer Occupation  
 Harford Mutual Insurance Company President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : A59A805356AB14CE78D5**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : A8A015BE93EA94914BAF**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : A873DC1816E5E43E89F5**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 640.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Tim Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 01 / 2012**

**Transaction ID : A6B24072CC2DA4D72AF8**

Amount of Each Receipt this Period **30.00**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **08 / 09 / 2012**

**Transaction ID : A67A72880E6854D9E842**

Amount of Each Receipt this Period **13.50**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **229.50**

Date of Receipt **08 / 24 / 2012**

**Transaction ID : AE2822E1AA7B94321B8E**

Amount of Each Receipt this Period **13.50**

**SUBTOTAL** of Receipts This Page (optional)..... **57.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John F. Marazzo**

Mailing Address 1 Commerce Sq

City Philadelphia State PA Zip Code 19103-7042

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Director of Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 06 / 2012  
**Transaction ID : AD065C0A4EF004773B9C**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Diane Marshall**

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 01 / 2012  
**Transaction ID : AE1C6BE4986A04CCAAC8**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Joel Matthies**

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewelers Mutual Insurance Company Occupation Vice President - Information Technolog

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
08 / 01 / 2012  
**Transaction ID : A5BB6A27A561A45779F8**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00

**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 37 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Lori McAllister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2012  
**Transaction ID : A97C5640FE25E45CE81E**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Phil McCain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City State Zip Code  
 Frankenmuth MI 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President, IT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 615.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2012  
**Transaction ID : A70BB367FAC2D4D3F890**  
 Amount of Each Receipt this Period  
 38.47

**C. Mr. Phil McCain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City State Zip Code  
 Frankenmuth MI 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President, IT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 653.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2012  
**Transaction ID : AC2D61994D7CB49FF965**  
 Amount of Each Receipt this Period  
 38.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 326.94  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Phil McCain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 31 / 2012  
**Transaction ID : A23B305D41E1442F2A4B**  
 Amount of Each Receipt this Period 38.47

**B. Ms. Sherry L. McKenzie AAM, AIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A857378394B9C4E0D84B**  
 Amount of Each Receipt this Period 40.00

**C. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 03 / 2012  
**Transaction ID : A045FA4AFF56947D88C0**  
 Amount of Each Receipt this Period 38.47

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.94
<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 39 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian S. McLeod</b>		Date of Receipt										
Mailing Address One Mutual Avenue		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		17		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		17		2012								
City Frankenmuth	State MI	Zip Code 48787-0001										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A026C5040F8C6407A89D</b>										
Name of Employer Frankenmuth Mutual Insurance Company		Amount of Each Receipt this Period										
Occupation Vice President, Secretary & Treasurer		38.47										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	653.99											

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian S. McLeod</b>		Date of Receipt										
Mailing Address One Mutual Avenue		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>31</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		31		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		31		2012								
City Frankenmuth	State MI	Zip Code 48787-0001										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A626D43E0124945E5BE4</b>										
Name of Employer Frankenmuth Mutual Insurance Company		Amount of Each Receipt this Period										
Occupation Vice President, Secretary & Treasurer		38.47										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	692.46											

Full Name (Last, First, Middle Initial) <b>C. Carole McMullen</b>		Date of Receipt										
Mailing Address 222 Ames Street P.O.Box 9109		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		16		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		16		2012								
City Dedham	State MA	Zip Code 02026-1850										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A5AFA590AAD4D4B87869</b>										
Name of Employer Norfolk and Dedham Group		Amount of Each Receipt this Period										
Occupation Director		250.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	250.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.94
<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 40 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John Menzies III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012  
**Transaction ID : AED3659ACB48C477296B**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Albert Mezzanotte Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012  
**Transaction ID : A3610F578FCBC40D699C**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Scott A. Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company AVP - Personal Lines Auto  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : AD285621F542645DBA70**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**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 41 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Date of Receipt  
08 / 09 / 2012  
**Transaction ID : A637D1E00EC674B959DE**

Amount of Each Receipt this Period  
40.00

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Date of Receipt  
08 / 24 / 2012  
**Transaction ID : A8402EF5DDED64525981**

Amount of Each Receipt this Period  
40.00

**C. Ms. Dona L. Mohr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	

Date of Receipt  
08 / 01 / 2012  
**Transaction ID : AEBC899FB573943C29AB**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Dona L. Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 Hopley Ave  
 City Bucyrus State OH Zip Code 44820-3569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 21 / 2012  
**Transaction ID : A9907DD3314094ECDB40**  
 Amount of Each Receipt this Period 40.00

**B. Ms. Carolyn B. Muller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP-Regional Sales Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A18220131935847F8B3A**  
 Amount of Each Receipt this Period 30.00

**C. Ms. Karlyn T. Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Corporate Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : A2FDC09D5B68841038EE**  
 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Eric Nelson**

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt  
**08 / 06 / 2012**

**Transaction ID : A9F0DF658C4EB410CA74**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Katherine Noirot**

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer: Auto-Owners Insurance Company  
Occupation: Senior Vice President, Marketing & Sal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
**08 / 01 / 2012**

**Transaction ID : A76577B7EC7E24410BF7**

Amount of Each Receipt this Period  
**41.67**

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert F. Ohler**

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **544.45**

Date of Receipt  
**08 / 01 / 2012**

**Transaction ID : A40B9DA6DFB0A428F99F**

Amount of Each Receipt this Period  
**111.12**

**SUBTOTAL** of Receipts This Page (optional)..... **402.79**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Paul Otto</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFD42446A6942456E992</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Vice President, Financial Accounting	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Angela Panowicz</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A63F4038D021D4D11B3A</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Harford Mutual Insurance Company	Underwriting Supervisor	<input type="text" value="38.12"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="495.27"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Sandra G. Parrillo</b>		Date of Receipt
Mailing Address PO Box 6066		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Providence	RI	02940-6066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A38F7AB85298249F68CF</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Providence Mutual Fire Insurance Compa	President & CEO	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3038.12"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 498

City Council Bluffs State IA Zip Code 51502-0498

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

Name of Employer Western Iowa Mutual Insurance Associat Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 17 / 2012**

**Transaction ID : A84CE07DB054943F9896**

Amount of Each Receipt this Period **100.00**

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

Mailing Address PO Box 498

City Council Bluffs State IA Zip Code 51502-0498

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

Name of Employer Western Iowa Mutual Insurance Associat Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 21 / 2012**

**Transaction ID : AB0B7B6B060B34CF9AC3**

Amount of Each Receipt this Period **100.00**

**C. Mr. Gregory Petrini**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 01 / 2012**

**Transaction ID : A297A45929FBC435D854**

Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. June A. Poole A.I.A.F.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **222.24**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AE0A1DD7FB00F473E88C**  
 Amount of Each Receipt this Period **55.56**

**B. Mr. William A. Poppen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9  
 City De Smet State SD Zip Code 57231-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer De Smet Farm Mutual Insurance Company Occupation General Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 13 / 2012**  
**Transaction ID : A0BB750FE2D714717B7C**  
 Amount of Each Receipt this Period **1000.00**

**C. Mr. Barry Preslaski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AFAD3ABA691F6499D87B**  
 Amount of Each Receipt this Period **30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1085.56</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 47 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Lee Rademacher**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President-Commercial Li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
08 / 01 / 2012  
**Transaction ID : A1ADC0A5DEE1A4EAF98/**

Amount of Each Receipt this Period  
30.00

**B. Mr. Richard M. Raun**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 240

City Carlton	State MN	Zip Code 55718-0240
FEC ID number of contributing federal political committee. C		
Name of Employer Woodland Mutual Insurance Company	Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
08 / 06 / 2012  
**Transaction ID : A8FF88A3AE1E941E8825**

Amount of Each Receipt this Period  
1000.00

**C. Mr. David Reddick PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Vincennes Rd

City Indianapolis	State IN	Zip Code 46268-1154
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Date of Receipt  
08 / 09 / 2012  
**Transaction ID : AF7F1A27E991F4A62954**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 48 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. David Reddick PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Director - Public Policy Research  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 24 / 2012**  
**Transaction ID : AECC58E1EC5D14A69A0F**  
 Amount of Each Receipt this Period **200.00**

**B. Mr. Theodore Reinbold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP, Commercial Lines Underwriting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 08 / 2012**  
**Transaction ID : ACEE33E8638A24D98AB1**  
 Amount of Each Receipt this Period **300.00**

**C. Mr. Jonathan R. Riekse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **640.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AA9B2EEF59EE54E5B92F**  
 Amount of Each Receipt this Period **80.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</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 49 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1990.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2012**

**Transaction ID : ABCE80954798B45AB87F**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Claims Operations Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : A3409C06C93D3412A820**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer United Ohio Insurance Company Occupation Claims Operations Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : A20F70666658244D09AF**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Rodney J. Rupp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapi Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Executive Vice President, Claims  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 08 / 2012**  
**Transaction ID : A9B487E81D1274469C3**  
 Amount of Each Receipt this Period **1000.00**

**B. Mr. Timothy Rutledge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director of Accounting  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **206.37**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AE62F07DB6A2246049A9**  
 Amount of Each Receipt this Period **15.88**

**C. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **320.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : ADBE70ED00FCF4249A1E**  
 Amount of Each Receipt this Period **40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1055.88</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 51 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. James C. Schumacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 01 / 2012**  
**Transaction ID : AF2BFBDBC21094E9D8E9**  
 Amount of Each Receipt this Period **300.00**

**B. Mr. Stephen Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 08 / 2012**  
**Transaction ID : A5C1379E68AFD47CF8E1**  
 Amount of Each Receipt this Period **100.00**

**C. Mr. Paul Sells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Commerce Sq  
 City Philadelphia State PA Zip Code 19103-7042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Compensation Supervisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **206.00**

Date of Receipt **08 / 06 / 2012**  
**Transaction ID : A3696275F5BD147B4930**  
 Amount of Each Receipt this Period **24.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>154.00</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 52 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gregory Shell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : ADD1A594CB73245A29D3**

Amount of Each Receipt this Period 35.00

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

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

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

Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 444.44

Date of Receipt 08 / 03 / 2012  
**Transaction ID : A6601E15052F1488096B**

Amount of Each Receipt this Period 111.11

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

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

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

Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 555.55

Date of Receipt 08 / 21 / 2012  
**Transaction ID : A742ABED6C1D84E0091B**

Amount of Each Receipt this Period 111.11

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 257.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Steven C. Sliver CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 577  
 City State Zip Code  
 Huntingdon PA 16652-0577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mutual Benefit Insurance Company President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012  
**Transaction ID : A87FF34B6FA1F4264A13**  
 Amount of Each Receipt this Period  
 300.00

**B. Ms. Abigail Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012  
**Transaction ID : A1382719713FA482A83F**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. John K. Smith CRM, CIC,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Commerce Sq  
 City State Zip Code  
 Philadelphia PA 19103-7042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pennsylvania Lumbermens Mutual Insuran President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012  
**Transaction ID : A7C19071E183C4ACE8E9**  
 Amount of Each Receipt this Period  
 120.00

<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 54 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Political Director
------------------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

**Transaction ID : A96AD2E8CDD9B4CFDB9;**

Amount of Each Receipt this Period  

43.48
-------

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

Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Political Director
------------------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **567.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2012

**Transaction ID : A4B2371505D1F4701A91**

Amount of Each Receipt this Period  

2.00
------

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

Mailing Address 122 C St NW Ste 540

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

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

Name of Employer National Association of Mutual Insuran	Occupation Political Director
------------------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.72**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : A313CD9EF6AC84E82A28**

Amount of Each Receipt this Period  

43.48
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>88.96</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 55 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Steven C. Speicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Forest Regio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : A95EF05F636264DBCA6D**  
 Amount of Each Receipt this Period  
 30.00

**B. Ms. Kristen Spriggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012  
**Transaction ID : A4B1E103EB6A84296850**  
 Amount of Each Receipt this Period  
 20.00

**C. Ms. Kristen Spriggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : AB6BB0AF063934C12ADE**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 56 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Randy Sprouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Applications Development Supervisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 206.37

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A37B0332FE3D8451DB97**  
Amount of Each Receipt this Period 15.88

**B. Mr. Tim F. Sullivan RPLU**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700  
City Indianapolis State IN Zip Code 46268-0700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 09 / 2012  
**Transaction ID : A039F1AF88DD5438B9B7**  
Amount of Each Receipt this Period 40.00

**C. Mr. Tim F. Sullivan RPLU**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700  
City Indianapolis State IN Zip Code 46268-0700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 24 / 2012  
**Transaction ID : AEA7AC39CF5904119AA1**  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.88  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Christopher P. Taft CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 08 / 21 / 2012  
**Transaction ID : A77514E06F6B1426794E**  
 Amount of Each Receipt this Period 625.00

**B. Mr. Jeffrey Tagsold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A4288FB19E4344F209BB**  
 Amount of Each Receipt this Period 85.00

**C. Mr. Paul Tetrault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Northeast Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 09 / 2012  
**Transaction ID : A34E1D81BFA2B4AF2940**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 730.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Paul Tetrault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation State Affairs Manager/Northeast Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : A23F58FCAE9454B408A4**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Daniel J. Thelen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President of Human Resourc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : ADD7F4410F5034231A88**  
 Amount of Each Receipt this Period  
 45.00

**C. Mr. Joe Thesing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - State Affai  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012  
**Transaction ID : AAF928FD532684BABA79**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 59 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>680.00</b>	

Date of Receipt  
**08 / 24 / 2012**  
Transaction ID : **A23C503D91ACE4D36B54**

Amount of Each Receipt this Period  
**40.00**

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

City Algona	State IA	Zip Code 50511-0594
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Heartland Mutual Insurance Association	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>850.00</b>	

Date of Receipt  
**08 / 17 / 2012**  
Transaction ID : **A29F3780F9DA3499AA66**

Amount of Each Receipt this Period  
**100.00**

**C. Mr. Randall Trinklein**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>624.00</b>	

Date of Receipt  
**08 / 03 / 2012**  
Transaction ID : **ACB68BEB440934105A7C**

Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>179.00</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 60 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012  
**Transaction ID : AC2A6C512D8604FFC975**  
 Amount of Each Receipt this Period  
 39.00

**B. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : AFD63991B050F47A4AAB**  
 Amount of Each Receipt this Period  
 39.00

**C. Mrs. Ellen S. Truant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President-Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.47

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : A3412524BCFE24194AA7**  
 Amount of Each Receipt this Period  
 43.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.64  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Aaron J. Valentine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012  
**Transaction ID : AD161060976C34B93A0B**  
 Amount of Each Receipt this Period  
 60.00

**B. Mr. Jerry Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012  
**Transaction ID : A1F62776AD9B34324A32**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. James J. Walsh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : A61D17AB01A5A42FEBE9**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Ian R. Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Investments and
---------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		01		2012

**Transaction ID : A6F3D2ED8E24B4CD8B3F**

Amount of Each Receipt this Period  

40.00
-------

**B. Mr. Mark Wenger**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Actuary
---------------------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		01		2012

**Transaction ID : A30EEA94F77E14F2CBE2**

Amount of Each Receipt this Period  

84.00
-------

**C. Jamie Whisnant**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Regional Vice President
---------------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		06		2012

**Transaction ID : A91BC305D769F4E49995**

Amount of Each Receipt this Period  

350.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>474.00</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 63 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Scott S. Wilder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : A092501C0EA82438A800**  
 Amount of Each Receipt this Period 300.00

**B. Mr. James W. Wilds CPCU, ARM,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 08 / 03 / 2012  
**Transaction ID : A6DEAC3611143440588C**  
 Amount of Each Receipt this Period 120.00

**c. Mr. James W. Wilds CPCU, ARM,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 08 / 17 / 2012  
**Transaction ID : ACFB80F79BE834CE7BE3**  
 Amount of Each Receipt this Period 120.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<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 64 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. James W. Wilds CPCU, ARM,**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1770.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : AF39A37C8D71A46F1877**  
Amount of Each Receipt this Period 120.00

**B. Mr. Jon D. Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909-8160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2012  
**Transaction ID : A8C840386199E4CA0BFA**  
Amount of Each Receipt this Period 250.00

**C. Mr. William Woodbury**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6101 Anacapri Blvd  
City Lansing State MI Zip Code 48917-3968  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation SVP, Assoc. Secretary & Assoc. General  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 01 / 2012  
**Transaction ID : A8FBE75D75D624E66928**  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 412.00  
**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 65 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Sharon V. Woodward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Charles St Ste 640  
 City Baltimore State MD Zip Code 21201-3808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baltimore Equitable Insurance Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2012  
**Transaction ID : A7647E9B27F5A406680B**  
 Amount of Each Receipt this Period 100.00

**B. Ms. Sharon V. Woodward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Charles St Ste 640  
 City Baltimore State MD Zip Code 21201-3808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baltimore Equitable Insurance Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 21 / 2012  
**Transaction ID : AC4A1C42186F0438FAD0**  
 Amount of Each Receipt this Period 100.00

**c. Mr. Jeffrey S. Wrobel SR, CPCU,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6927  
 City Richmond State VA Zip Code 23230-0927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : A97E83AB0A7864543BF9**  
 Amount of Each Receipt this Period 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.00
<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 66 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. William J. Wynne</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2012 <b>Transaction ID : A1687EBFE74CF4590960</b>
Mailing Address 200 N Main St		Amount of Each Receipt this Period 206.37
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C	Name of Employer Harford Mutual Insurance Company	Occupation Underwriting Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.37	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jerry G. Zenke PFMM</b>		Date of Receipt MM / DD / YYYY 08 / 17 / 2012 <b>Transaction ID : A56F246D7EBBF4729BD5</b>
Mailing Address PO Box 708		Amount of Each Receipt this Period 208.33
City Houston	State MN	Zip Code 55943-0708
FEC ID number of contributing federal political committee. C	Name of Employer Mound Prairie Mutual Insurance Company	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	224.21
<b>TOTAL</b> This Period (last page this line number only).....▶	29465.34

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

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

FOR LINE NUMBER: PAGE 67 OF 75  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Motorists Mutual Insurance Company Civic Fund**

Mailing Address 471 E Broad St

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00336834

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : A636ACB3B691449D7842**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER: PAGE 68 OF 75  
(check only one)

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

**A. NAMIC Administrative Fund**

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

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1180.88

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2012

**Transaction ID : A4E1D350E280742F88F9**

Amount of Each Receipt this Period  
167.92

Reimb. of bank fees

**B.**

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

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

**C.**

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

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.92
<b>TOTAL</b> This Period (last page this line number only).....▶	167.92

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

### A. Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2012

Transaction ID : B8BFBACD504BA4B0080C

Amount of Each Disbursement this Period

156.72
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

156.72
--------

156.72
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Bluegrass Committee**

Mailing Address 220 1/2 E St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : B05B7C91F65924AAABDF**

Amount of Each Disbursement this Period

2500.00

**B. DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**David Cheston Rouzer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **General**

State: NC District: 07

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : B7B92B4FCA0464F1FA39**

Amount of Each Disbursement this Period

2000.00

**C. Hagan for US Senate Inc**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement  
Primary 2014 Contribution

Candidate Name

**Sen. Kay R. Hagan**

Office Sought:  House  
 Senate  
 President

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

State: NC District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2012

**Transaction ID : B5E08B108B0D44CE9A9E**

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Judy Biggert for Congress**

Mailing Address PO Box 4198

City Naperville State IL Zip Code 60567

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Judy Biggert**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : B69A26AADC953459AA2D**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MCCASKILL FOR MISSOURI 2012**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Sen. Claire Mccaskill**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2012

**Transaction ID : BA05F611CB03841CBA89**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Mailing Address 211 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : BD9BE1BABE7ED40818Cf**

Amount of Each Disbursement this Period

5000.00

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) Other2012

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : B4E44B7A3D5FB429FA93

Amount of Each Disbursement this Period

15000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. ROMNEY FOR PRESIDENT INC.**

Mailing Address 585 COMMERCIAL ST.

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Mitt Romney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2012

Transaction ID : B8AD3BFC487DF4712AC6

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ROMNEY FOR PRESIDENT INC.**

Mailing Address 585 COMMERCIAL ST.

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Mitt Romney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2012

Transaction ID : B8E82D799C4DE4F2188A

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

25000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Schock for Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Aaron Schock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2012

**Transaction ID : B5DFF4D09D0034881AB7**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2012

**Transaction ID : BFC87681628144FEBB68**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Supporting Conservatives of Today and Tomorrow (SCOTT PAC)**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2012

**Transaction ID : B80734844C4494C29A2F**

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Team Emerson**

Mailing Address PO Box 822  
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Jo Ann Emerson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : B5B9B811E0F2C4998B2E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VICKY HARTZLER FOR CONGRESS**

Mailing Address P.O. BOX 415004

City KANSAS CITY State MO Zip Code 64141

Purpose of Disbursement  
Political Contribution -General 2012

Candidate Name

**Rep. Vicky Hartzler**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2012

**Transaction ID : BD9375AB8994F499B95F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

46500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. David Long for State Senate**

Mailing Address P.O. Box 12411

City State Zip Code  
Fort Wayne IN 46863

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 30 / 2012

**Transaction ID : B62FE55781EB8443C9BC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Rich Golick**

Mailing Address 2372 Simpson Farm Way

City State Zip Code  
Smyrna GA 30080

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 09 / 2012

**Transaction ID : BB7696D2F4FED4480A89**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeff Kessler campaign**

Mailing Address 607 Wheeling Avenue

City State Zip Code  
Glen Dale WV 26038

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 19 / 2012

**Transaction ID : BD9781DD5579E4804848**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

2500.00