

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 in the State of IN  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Gregg Dykstra  
Signature of Treasurer Electronically Filed by Gregg Dykstra Date 10 21 2010

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

Office Use Only

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

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		100241.13
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	32101.18									
(c) Total Receipts (from Line 19) .....	14635.80	267578.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46736.98	367819.40								
7. Total Disbursements (from Line 31) .....	33000.00	354082.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13736.98	13736.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9180.19	165879.39
(ii) Unitemized .....	1455.61	56559.97
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10635.80	222439.36
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	4000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14635.80	262439.36
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	138.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14635.80	267578.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14635.80	267578.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	982.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	982.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	330500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	600.00
29. Other Disbursements.....	11000.00	22000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33000.00	354082.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33000.00	354082.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14635.80	262439.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14635.80	261839.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	982.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	982.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cathy M. Adcock		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 217BFD701C4F3BB46F3
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Auto-Owners Insurance Company		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd E. Albert		Date of Receipt	
	Mailing Address PO Box 111		M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> A054C89E2C3E440DE58
	Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Ohio Mutual Insurance Company		Occupation Vice President of Information Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt	
	Mailing Address PO Box 68700		M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> A8FABE397F8BBAFCF66
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		39.00	
Name of Employer National Association of Mutual Insuran		Occupation Senior Vice President - State and Poli		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	94.00
<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 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane Allen		Date of Receipt
	Mailing Address 6101 Anacapri Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Lansing	MI	48917-3968
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 34CD149CAC18B9F5280
Name of Employer Auto-Owners Insurance Company		Occupation Vice President-Personnel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 290.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James P. Ayers		Date of Receipt
	Mailing Address 9 kymer road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	branchville	NJ	07826
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> D89188B1-240A-46EC-
Name of Employer Franklin Mutual Insurance Company		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa M. Ayotte		Date of Receipt
	Mailing Address PO Box 30660		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 1326985FF58D6068C80
Name of Employer Auto-Owners Insurance Company		Occupation AVP- Real Estate & Operational Service	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 570.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John S. Benson	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1 Mutual Ave	<b>Transaction ID:</b> B3DCFF66665643D06F1
	City State Zip Code Frankenmuth MI 48787-0001	Amount of Each Receipt this Period 115.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Frankenmuth Mutual Insurance Company President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2423.19	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stuart R. Birn	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address PO Box 30660	<b>Transaction ID:</b> D7F229B4D7EDC4FB0A3
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Auto-Owners Insurance Company First Vice President, Secretary & Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian V. Boyden	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 1 State Farm Plz # E-12	<b>Transaction ID:</b> FEE85A93036B32960A0
	City State Zip Code Bloomington IL 61710-0001	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation State Farm Mutual Automobile Insurance Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1675.39
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marsha Brown

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 Regulatory Affairs Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID:** 127DDA856BEF65EA7DA

Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
Bob I. Buchanan

Mailing Address 6101 Anacapi Blvd

City Lansing State MI Zip Code 48917-3968

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

Name of Employer Auto-Owners Insurance Com-pany Occupation Vice President-Applications Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt 10 / 04 / 2010  
**Transaction ID:** 1356297F9C88357F7EF

Amount of Each Receipt this Period 42.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary J. Capone

Mailing Address 117 Lakewood Drive

City Denville State NJ Zip Code 07834

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

Name of Employer Franklin Mutual Insurance Company Occupation Vice President, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2010  
**Transaction ID:** E38725AC-0A55-4B86-

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **554.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John S. Case		Date of Receipt																					
	Mailing Address PO Box 6927		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	4	/	2	0	1	0														
City	State	Zip Code	<b>Transaction ID:</b> C40AD18B1BF927ED570																					
Richmond	VA	23230-0927	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	30.00																					
Name of Employer Mutual Assurance Society of Virginia		Occupation Secretary/Treasurer																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	310.84																					

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt																					
	Mailing Address PO Box 68700		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	1	2	/	2	0	1	0														
City	State	Zip Code	<b>Transaction ID:</b> 77F3E89671DC2C7ADB9																					
Indianapolis	IN	46268-0700	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	90.00																					
Name of Employer National Association of Mutual Insuran		Occupation President & CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1910.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Coe		Date of Receipt																					
	Mailing Address PO Box 111		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	4	/	2	0	1	0														
City	State	Zip Code	<b>Transaction ID:</b> 17FEA570A66F469A3AA																					
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	25.00																					
Name of Employer Ohio Mutual Insurance Com-pany		Occupation IT Manager																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	375.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<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 12 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Darwin G. Copeman, CPCU  
Mailing Address PO Box 468  
City Neenah State WI Zip Code 54957-0468  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00  
Date of Receipt 10 / 04 / 2010  
**Transaction ID:** 1A4F1A677D62B51EDE9  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Dechatelets, CPCU  
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 ▼ 235.00  
Date of Receipt 10 / 04 / 2010  
**Transaction ID:** 1A90BE98366AA3D73E2  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Detlefsen, PhD  
Mailing Address PO Box 68700  
City Indianapolis State IN Zip Code 46268-0700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 12 / 2010  
**Transaction ID:** 253CC5A269A9B7849F1  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00  
**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 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles W. Drier		Date of Receipt
	Mailing Address PO Box 30660		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 004EC02619523042004
Name of Employer Auto-Owners Insurance Company		Occupation Regional Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 75.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.		Date of Receipt
	Mailing Address PO Box 68700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Indianapolis	IN	46268-0700
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 87A32D0B7589125F177
Name of Employer National Association of Mutual Insuran		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 754.00	<input type="text"/> 41.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC		Date of Receipt
	Mailing Address 1 Mutual Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Frankenmuth	MI	48787-0001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C2C42251FE163D29A62
Name of Employer Frankenmuth Mutual Insura- nce Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.87	<input type="text"/> 38.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 154.47
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew M. Eriksen		Date of Receipt
	Mailing Address PO Box 30660		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lansing	MI	48909-8160
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Auto-Owners Insurance Company		Occupation Manager-Project Research & Coordination	<b>Transaction ID:</b> 1B712414AAB02E852FA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) A. Benjamin Galloway		Date of Receipt
	Mailing Address PO Box 618		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbia	MO	65205-0618
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Columbia Mutual Insurance Company		Occupation Finance	<b>Transaction ID:</b> 05E8A04D30EFABA6727
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="50.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan Gilleland		Date of Receipt
	Mailing Address 1 Mutual Ave		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Frankenmuth	MI	48787-0001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Frankenmuth Mutual Insurance Company		Occupation Vice President, Human Resources	<b>Transaction ID:</b> 2D37D0F9EC36D49948A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="807.87"/>	<input type="text" value="38.47"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="188.47"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address Cityplace I

City State Zip Code  
Hartford CT 06103

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

Name of Employer Franklin Mutual Insurance Company  
Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

**Transaction ID:** 55C708EA50563B7E98C

Amount of Each Receipt this Period  
300.00

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

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

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

**Transaction ID:** 445B3A59C3DBE87ED15

Amount of Each Receipt this Period  
20.00

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

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1559.32

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

**Transaction ID:** 879D9F6E8176A67E220

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
William G. Hirschfeld

Mailing Address 23 Ithanel Rd

City Hopatcong State NJ Zip Code 07843

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

Name of Employer Franklin Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2010  
Transaction ID: OC28FCAC-5949-476A-  
Amount of Each Receipt this Period 500.00

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.53

Date of Receipt 10 / 01 / 2010  
Transaction ID: 24079C2F5AFFC057F31  
Amount of Each Receipt this Period 76.93

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

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 Corporate Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 12 / 2010  
Transaction ID: 6BE333A9D41E7D51B03  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **636.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Theresa Jakubick		Date of Receipt	
	Mailing Address PO Box 111		M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 695767B0290302339E2
	Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer Ohio Mutual Insurance Company		Occupation Project Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kraig T. Klopfenstein		Date of Receipt	
	Mailing Address PO Box 30660		M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> A0FF70BC7A547827600
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.00	
Name of Employer Auto-Owners Insurance Company		Occupation Sales/Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Lopata		Date of Receipt	
	Mailing Address 1 Preferred Way		M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 83207829097919CF0C9
	New Berlin	NY	13411-1800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		60.00	
Name of Employer Preferred Mutual Insurance Company		Occupation Manager - Commercial Lines E-Business		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim Lynch		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address PO Box 30660		<b>Transaction ID:</b> 83C830BA42BB38A3949		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Rae Malesh		Date of Receipt MM / DD / YYYY 10 / 12 / 2010		
	Mailing Address PO Box 68700		<b>Transaction ID:</b> DD26368B9B3674ADB50		
	City Indianapolis	State IN	Zip Code 46268-0700	Amount of Each Receipt this Period 13.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Mutual Insuran		Occupation Assistant to the President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Diane Marshall		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address PO Box 30660		<b>Transaction ID:</b> 45DDADF2E95871C1209		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Com-pany		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	88.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 1 Mutual Ave		<b>Transaction ID:</b> 0781AEA3C3797212440
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.87	

**B.**

Full Name (Last, First, Middle Initial) Sherry L. McKenzie, AAM, AIS		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address PO Box 30660		<b>Transaction ID:</b> BF14CE87BE67F6251EB
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

**C.**

Full Name (Last, First, Middle Initial) Brian S. McLeod		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
Mailing Address 1 Mutual Ave		<b>Transaction ID:</b> 53442C832098689626F
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>116.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 44  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marliss McManus

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 Director - Federal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 30BF294D1F9D0D1AE1B

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

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

**Transaction ID:** BEC06053150D0A97967

Amount of Each Receipt this Period  
20.00

**C.**

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

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 Com-pany Occupation AVP-Regional Sales Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

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

**Transaction ID:** 28E9C1B383A3E08F239

Amount of Each Receipt this Period  
30.00

**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 21 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joel P. Murray		Date of Receipt
	Mailing Address 222 Ames St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dedham	MA	02026-1850
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 7A489200C746BD1EBA8
Name of Employer Norfolk & Dedham Mutual Fire Insurance		Occupation NE Division Manager-Personal Lines & M	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Karllyn T. Myers		Date of Receipt
	Mailing Address 1 Preferred Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New Berlin	NY	13411-1800
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4C93C0879E6ECC0ACA8
Name of Employer Preferred Mutual Insurance Company		Occupation Vice President, Corporate Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	<input type="text"/> 120.00

<b>C.</b>	Full Name (Last, First, Middle Initial) William C. Myers		Date of Receipt
	Mailing Address 1 Commerce Sq 2005 Market Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Philadelphia	PA	19103-7042
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: D05B9464F7226C28B3F
Name of Employer Pennsylvania Lumbermens Mutual Insuran		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 160.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 44  
(check only one)

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

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

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

**A.**

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

Mailing Address PO Box 498

City State Zip Code  
Council Bluffs IA 51502-0498

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

Name of Employer  
Western Iowa Mutual Insurance Associat

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** 2CFFB9DCA87C78F4937

Amount of Each Receipt this Period  
320.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary S. Pierce

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  
Auto-Owners Insurance Com-pany

Occupation  
AVP-Home Office Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

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

**Transaction ID:** 874A1BA4450274EA0F4

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Rall

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer  
Ohio Mutual Insurance Com-pany

Occupation  
Assistant Vice Pres. - Sales & Agency

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

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

**Transaction ID:** 7810748B4FA65990AF3

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

**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 23 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David Reddick, PhD

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 ▼ 400.00

Date of Receipt 10 / 12 / 2010  
**Transaction ID:** B3B05D70DEC0C03A93C

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe Reid

Mailing Address PO Box 5

City Reynolds State IL Zip Code 61279-0005

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

Name of Employer Hamlet Mutual Insurance Company Occupation Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010  
**Transaction ID:** 7251E0856F3F4A03758

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan R. Riekse

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 Com-pany Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 04 / 2010  
**Transaction ID:** C05E1DE6A22591B4F16

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 44  
(check only one)

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

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

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

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2780.00

Date of Receipt 10 / 04 / 2010  
**Transaction ID:** 3AC5E1D8EAB029C84B5

Amount of Each Receipt this Period 230.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 350.00

Date of Receipt 10 / 04 / 2010  
**Transaction ID:** 719DAB248E539DE5570

Amount of Each Receipt this Period 25.00

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

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 Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 04 / 2010  
**Transaction ID:** D60001B871C7F7D63B0

Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 315.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth Schroeder

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  
Auto-Owners Insurance Company

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** EB7F964411935991F47

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul Sells

Mailing Address 1 Commerce Sq  
2005 Market Street

City State Zip Code  
Philadelphia PA 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 ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** F658D8A71EF2980651C

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory Shell

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  
Auto-Owners Insurance Company

Occupation  
Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** 97020F551A02279BD13

Amount of Each Receipt this Period  
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristen Sizelove	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 7E42918879315FED5E8
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John K. Smith, CRM, CIC,	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	Mailing Address 1 Commerce Sq 2005 Market Street	<b>Transaction ID:</b> 1508BEA1CA13AA588AE
	City Philadelphia State PA Zip Code 19103-7042	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2160.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tim F. Sullivan, RPLU	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Mailing Address PO Box 68700	<b>Transaction ID:</b> 3C8C5B7474E4679C685
	City Indianapolis State IN Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NAMIC Insurance Company, Inc.	Occupation Vice President - Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<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 27 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Tagsold		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address PO Box 100045		<b>Transaction ID:</b> 335D0DC2D6A072D9240		
	City Duluth	State GA	Zip Code 30096-9345	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company		Occupation Senior Vice President, Actuarial		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt MM / DD / YYYY 10 / 12 / 2010		
	Mailing Address PO Box 68700		<b>Transaction ID:</b> 119FCDCFA0DF2C2BE18		
	City Indianapolis	State IN	Zip Code 46268-0700	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Association of Mutual Insuran		Occupation State Affairs Manager/Northeast Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel J. Thelen		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address PO Box 30660		<b>Transaction ID:</b> 1D1FD169A210AFDD3DD		
	City Lansing	State MI	Zip Code 48909-8160	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Com-pany		Occupation Senior Vice President of Human Resourc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<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 28 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joe Thesing  
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 ▼ 400.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: B0FD58A9F9AC2254F2D  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce D. Thomas, PFMM  
Mailing Address 409 Kenyon Rd  
City Fort Dodge State IA Zip Code 50501-5718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heartland Mutual Insurance Association Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1920.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: E249E7270B8BCCB177D  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Randall Trinklein  
Mailing Address 1 Mutual Ave  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insura- nce Company Occupation Vice President of Administration  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00  
Date of Receipt 10 / 01 / 2010  
Transaction ID: 64B81CCEA11882CC51C  
Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1059.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Trippel	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Mailing Address 1 State Farm Plz # E-12	<b>Transaction ID:</b> BF09279206943EB063F
	City Bloomington State IL Zip Code 61710-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer State Farm Fire & Casualty Company Occupation SVP Agency and Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Tukul	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 4000 Town Ctr Ste 1250	<b>Transaction ID:</b> F2DB061A0AEE6B5C14F
	City Southfield State MI Zip Code 48075-1407	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Locomotive Engineers and Conductors Mu Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Aaron J. Valentine	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Mailing Address 1 Preferred Way	<b>Transaction ID:</b> FFD918DB4C48C5D9310
	City New Berlin State NY Zip Code 13411-1800	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1340.00
<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 30 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
James J. Walsh, Jr.  
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 380.00  
Date of Receipt 10 / 04 / 2010  
Transaction ID: 33546A08E1FCFC9F2AC  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Wenger  
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 462.00  
Date of Receipt 10 / 04 / 2010  
Transaction ID: 85CEEC41EBB3866AD9D  
Amount of Each Receipt this Period 84.00

**C.** Full Name (Last, First, Middle Initial)  
James W. Wilds, CPCU, ARM,  
Mailing Address 1 Mutual Ave  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 839.00  
Date of Receipt 10 / 01 / 2010  
Transaction ID: BAB965176384CA9F3FA  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... **174.00**  
**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: <span style="float: right;">PAGE 31 / 44</span>	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Woodbury		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 6101 Anacapri Blvd		<b>Transaction ID:</b> 30225EFA2452F57A40B		
	City Lansing	State MI	Zip Code 48917-3968	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Auto-Owners Insurance Company	Occupation Vice President & Associate General Cou			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey S. Wrobel, SR, CPCU,		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address PO Box 6927		<b>Transaction ID:</b> A90C89F0DA71D38BE85		
	City Richmond	State VA	Zip Code 23230-0927	Amount of Each Receipt this Period 23.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mutual Assurance Society of Virginia	Occupation EVP, IT & Underwriting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.84			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>63.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9180.19</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 44	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Shelter Mutual Insurance Company Federal Pac

Mailing Address 1817 West Broadway

City State Zip Code  
Columbia MO 65218

FEC ID number of contributing federal political committee. **C** C00140384

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

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

Transaction ID: DC9E352076B505E6DFF

Amount of Each Receipt this Period  
4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 44

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Buckeye Liberty Pac <hr/> Mailing Address 701 8th Street, NW Suite 500 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Buckeye Liberty Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 8EA1A865637F49598C0 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011
<b>B.</b>	Full Name (Last, First, Middle Initial) Charlie Dent for Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement 2010 General Candidate Name Charles W. Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 31BA242797B10DA9E0A Date of Disbursement 10 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011
<b>C.</b>	Full Name (Last, First, Middle Initial) Cmr Political Action Committee <hr/> Mailing Address PO Box 2485 <hr/> City Springfield State VA Zip Code 22152 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Cmr Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 8DCC7D32642FB584E41 Date of Disbursement 10 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 44

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2010 General Candidate Name Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 537459A64FD57665326 Date of Disbursement 10 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Category/ Type 011		
	<b>B.</b> Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress <hr/> Mailing Address 1071 Twin Branch Ln <hr/> City Weston State FL Zip Code 33326 <hr/> Purpose of Disbursement 2010 General Candidate Name Debbie Wasserman Schultz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6E04FB646F36BD49A62 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011	
		<b>C.</b> Full Name (Last, First, Middle Initial) Friends of David Harmer <hr/> Mailing Address 9321 Silverbend Lane <hr/> City Elk Grove State CA Zip Code 95624 <hr/> Purpose of Disbursement 2010 General Candidate Name David J. Harmer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF12BBFFDAF8547B96A Date of Disbursement 10 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011

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

5500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Joseph Heck, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7C2B4224ACC8789A703</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte</p> <p>Mailing Address PO Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Kelly A. Ayotte</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A4A78319187277F0B0D</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hoosiers for Rokita</p> <p>Mailing Address 7643 East U.S. 36</p> <p>City Avon State IN Zip Code 46123</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Todd Rokita</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A46461C9A29CD6B4EFB</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement 2010 General Candidate Name James W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DF60FBD66DE636E4D1F Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Linder for Congress <hr/> Mailing Address PO Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement 2010 General Candidate Name John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C392FA09B66E6A853E3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 50 S. Providence Road PO Box 308 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 2010 General Candidate Name Patrick L. Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9F59C765DEA9684F412 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 44

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Prosperity Pac <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Prosperity Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> BC58AEC1E7DD1E59F8D Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Voice for Freedom <hr/> Mailing Address 2814 Spring Road, Ste. 103 <hr/> City Atlanta State GA Zip Code 30339 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Voice for Freedom <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> D454ECFC22557A07E86 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

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

7500.00

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

22000.00

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Ashley for House of Delegates</p> <p>Mailing Address 51 Mallard Lane</p> <p>City Spencer State WV Zip Code 25276</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 817A00AD386C5E78D45</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Campaign Fund of Robert R. Damron</p> <p>Mailing Address 231 Fairway West</p> <p>City Nicholasville State KY Zip Code 40356</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> F06C8DF15A8F34D2EB9</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Hottinger</p> <p>Mailing Address 894 Johnathon St</p> <p>City Newark State OH Zip Code 43055</p> <p>Purpose of Disbursement 2010 General Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> DA5C5CFA15ACAACB0C5</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/Type</p>

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

500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 44

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2C1CFD7093E000F364B</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Joseph Minard</p> <p>Mailing Address 510 Haymond Highway</p> <p>City Clarksburg State WV Zip Code 26301</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E0445B3A311467C191D</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Mike Stack</p> <p>Mailing Address 12361 Acadamy Road</p> <p>City Philadelphia State PA Zip Code 19154-1927</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1BF40EE5319FD962FFD</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 44

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-elect Tony DeLuca <hr/> Mailing Address 1438 Homestead Dr <hr/> City Verona State PA Zip Code 15147 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CC75805E0120F9A9561 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friend of Nick Micozzie <hr/> Mailing Address 6 South Springfield Road <hr/> City Clifton Heights State PA Zip Code 19018 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ECC84960D582B296DEC Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Don White <hr/> Mailing Address 618 Philadelphia Street <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6A34458F3F9B35F17A5 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1750.00

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Kim Ward</p> <p>Mailing Address 766 East Pittsburgh Street Suite 101</p> <p>City Greensburg State PA Zip Code 15601</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9EE11E624DBC1F9105B <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Walter Stosch</p> <p>Mailing Address 4551 Cox Road Suite 110</p> <p>City Glen Allen State VA Zip Code 23060</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E669CA6710F1680E319 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) I Like Eich</p> <p>Mailing Address 643 Hillsdale View Drive</p> <p>City Duncansville State PA Zip Code 16635</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4E44C08E0EAFD0A1A61 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>

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

2250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 44

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Jenkins for Senate <hr/> Mailing Address 306 Holswade Dr <hr/> City Huntington State WV Zip Code 25701 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCA25AA9AE26BE5B079 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Keep State Representative Jeff Greer <hr/> Mailing Address PO Box 1007 <hr/> City Bradenburg State KY Zip Code 40108 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2034E62760632B8D717 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kilgore for Delegate <hr/> Mailing Address 3273 Manville Road <hr/> City Gate City State VA Zip Code 24251 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1606A62B8B8F58B4C88 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 44

<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

A.

Full Name (Last, First, Middle Initial)  
Win with Waugh Committee

Transaction ID: DC057B0E90341A2475E

Date of Disbursement

Mailing Address PO Box 243

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

City Shrewsberry State PA Zip Code 17327

Amount of Each Disbursement this Period

750.00
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Purpose of Disbursement  
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

750.00
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TOTAL This Period (last page this line number only) ..... ▶

11000.00
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