

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
National Association of Mutual Insurance Companies PAC

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2016 through 12 / 31 / 2016

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

Signature of Treasurer Dykstra, Gregg, A., Mr., [Electronically Filed] Date 01 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="94271.84"/>	<input type="text" value="94271.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23958.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27310.22"/>	<input type="text" value="549757.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51268.28"/>	<input type="text" value="644029.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11199.92"/>	<input type="text" value="603960.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40068.36"/>	<input type="text" value="40068.36"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y 12 / 31 / 2016

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).....	23791.04	370056.52
(ii) Unitemized	1657.57	105708.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25448.61	475765.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	67200.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26448.61	542965.34
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).....	859.88	3757.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.73	1034.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	27310.22	549757.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27310.22	549757.16

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	199.92	8960.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	199.92	8960.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	533500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	61499.99
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11199.92	603960.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11199.92	603960.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26448.61	542965.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26448.61	542965.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	199.92	8960.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	859.88	3757.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-659.96	5203.27

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

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

FOR LINE NUMBER: PAGE 6 OF 124
(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. Adcock, Cathy, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A6ABE0EECF714566A44
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Adcock, Cathy, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1105.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A23E26A9CA3344D2F8EC
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Alexander, Michael, Jim, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2502
 City Fargo State ND Zip Code 58108-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nodak Mutual Insurance Company Occupation (for Individual) Executive Vice President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 12 / 09 / 2016
Transaction ID : AD623BF19C94B4A24869
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 124
<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. Alighieri, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2016

Transaction ID : A7B7B54D651D848ABBF8

Amount of Each Receipt this Period
20.00

Memo Item

B. Alighieri, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2016

Transaction ID : A4E59836A107F4991BEE

Amount of Each Receipt this Period
20.00

Memo Item

C. Alighieri, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2016

Transaction ID : A3043030CAF5A49F49B6

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Alldredge, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President - State and Poli
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AA019827E96584D30B44

Amount of Each Receipt this Period
40.00

Memo Item

B. Alldredge, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President - State and Poli
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A660FCD4DBE154591889

Amount of Each Receipt this Period
40.00

Memo Item

C. Alleman, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Network Admin
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : AAE9C9154777B483F8E5

Amount of Each Receipt this Period
20.00

Memo Item

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 9 OF 124
<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. Alleman, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Network Admin
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A48B807C6CA544CC8A2D

Amount of Each Receipt this Period
20.00

Memo Item

B. Alleman, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Network Admin
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : AAD143A553FB64386A38

Amount of Each Receipt this Period
20.00

Memo Item

C. Allen, Diane, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President, Human Resources
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A3211F6A4406C41C69E6

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 124
<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. Allen, Diane, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President, Human Resources
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AE28E74284FEE498AA59

Amount of Each Receipt this Period
75.00

Memo Item

B. Arens, Rick, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Underwriting Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A2CF4A14128224B7EB40

Amount of Each Receipt this Period
25.00

Memo Item

C. Arens, Rick, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Underwriting Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A2E844A3E9F1A4B89A0C

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 12 OF 124
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ashton, Laura Grace, , Ms.,

Mailing Address 20 F St NW
 Ste 510

City Washington State DC Zip Code 20001-6700

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

Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) PAC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 12 / 22 / 2016
Transaction ID : A16661564FB29444E963

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ayotte, Lisa, M, Ms.,

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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 12 / 02 / 2016
Transaction ID : A67364E01E40B48EE827

Amount of Each Receipt this Period
 42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ayotte, Lisa, M, Ms.,

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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 546.00

Date of Receipt
 12 / 30 / 2016
Transaction ID : A4556F3C50D084F82B47

Amount of Each Receipt this Period
 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 124
<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. Baker, Michael, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : AE6B038DC65C84830BCC

Amount of Each Receipt this Period
60.00

Memo Item

B. Baker, Michael, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AB1E3B60243EB4A95848

Amount of Each Receipt this Period
60.00

Memo Item

C. Barker, Erik, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Account Manager - Membership & Insur
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A81114BFF76584DEDB75

Amount of Each Receipt this Period
9.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	129.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. Barker, Erik, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Account Manager - Membership & Insu
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A67A6403D40D94BCE88F

Amount of Each Receipt this Period
9.62

Memo Item

B. Barnes, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A552D98163EE44BE18DB

Amount of Each Receipt this Period
35.00

Memo Item

C. Barnes, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AFC30CE47834D4A75A9B

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Belcher, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Mutual Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2016
Transaction ID : A8B40289F7B7E472C8EB
 Amount of Each Receipt this Period
 66.66
 Memo Item

B. Benson, John, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2784.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : A82B3D1BAA1894EE7BAE
 Amount of Each Receipt this Period
 116.00
 Memo Item

C. Benson, John, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2016
Transaction ID : A247542737E3B4A21958
 Amount of Each Receipt this Period
 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	298.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chairman & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : ABDD07D3391B04014B87

Amount of Each Receipt this Period
116.00

Memo Item

B. Black, Jake, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 968

City Concordia	State MO	Zip Code 64020-0968
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CFM Insurance, Inc.	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AEB1854EB1E9C4AE2B4C

Amount of Each Receipt this Period
45.50

Memo Item

C. Blackwell, Don, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana Lumbermens Mutual Insurance Co	Occupation (for Individual) Senior Vice President, Investments
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : ACDD904C7AB6A4846BA5

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	181.50
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 17 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Blackwell, Don, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana Lumbermens Mutual Insurance Co	Occupation (for Individual) Senior Vice President, Investments
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : A4962F9A3733945D982F

Amount of Each Receipt this Period
20.00

Memo Item

B. Brown, Heather, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Personal Lines Territory Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : AC650F73145554B5EB81

Amount of Each Receipt this Period
5.00

Memo Item

C. Brown, Heather, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Personal Lines Territory Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : AF4416B0F9AB14D128A4

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 124
(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. Brumley, Tina, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A54486422BEA04BA7A17
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Brumley, Tina, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A2E174C7664584A28A7B
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Buell, Stephen, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 02 / 2016
Transaction ID : AECDD29E1CE49421A9CE
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 92.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Buell, Stephen, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A6D44A4A482AC4C09AA1

Amount of Each Receipt this Period
42.00

Memo Item

B. Cameron, Alice, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President Personal Lines Underwr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A77C6FECA1CF84030BB8

Amount of Each Receipt this Period
125.00

Memo Item

C. Campbell, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Casualty Operations Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AF8AB8CE772514B259A4

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 124
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Capone, Gary, J., Mr.,

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

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

Name of Employer (for Individual) Franklin Mutual Insurance Company Occupation (for Individual) Vice President, Field Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 09 / 2016**
Transaction ID : ABBAF32D4338E4567B97

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Carlson, Jared, , Mr.,

Mailing Address 101 N Wooster St

City Algona State IA Zip Code 50511-2825

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

Name of Employer (for Individual) Heartland Mutual Insurance Association Occupation (for Individual) Executive Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 20 / 2016**
Transaction ID : A627C2C24AE704C0DBED

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Carlson, Melinda, , Ms.,

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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Vice President

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **286.00**

Date of Receipt **12 / 09 / 2016**
Transaction ID : A8B046B32692147A5916

Amount of Each Receipt this Period **25.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **575.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Caro, Ginny, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President of Claims Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : AA14777D3DE944012BBE

Amount of Each Receipt this Period
20.83

Memo Item

B. Caro, Ginny, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President of Claims Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : ABB0A44A7C2C245889FC

Amount of Each Receipt this Period
20.83

Memo Item

C. Carrick, Jennifer, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Chief Actuary
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2016

Transaction ID : AA3AB0C45860C4DE0924

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 124
<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. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A1F4A5A6C4CB24420AEA

Amount of Each Receipt this Period
90.00

Memo Item

B. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : AB53875E00B894550BA2

Amount of Each Receipt this Period
90.00

Memo Item

C. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A582542C35AE14BF280A

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	680.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 124
<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. Charamella, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Lawyer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A10E4BECC136D4B35A17

Amount of Each Receipt this Period
35.00

Memo Item

B. Charamella, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Lawyer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A11DDB84F40BB4410AAC

Amount of Each Receipt this Period
35.00

Memo Item

C. Chung, Peter, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Personal Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : A67F5B2484071448F9B0

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 24 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Chung, Peter, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Personal Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : AF5DEBFACE3BB40D0905

Amount of Each Receipt this Period
10.00

Memo Item

B. Chung, Peter, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Personal Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : ACAA6C86A75B24EA19A3

Amount of Each Receipt this Period
10.00

Memo Item

C. Coe, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
897.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2016

Transaction ID : AD6472A229052410D9AA

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Coe, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : A9685F2BB52B544C7B0C

Amount of Each Receipt this Period
39.00

Memo Item

B. Cole, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Pittsburgh B
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : AEB31D871CA7A4A84B9A

Amount of Each Receipt this Period
42.00

Memo Item

C. Cole, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Pittsburgh B
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A6952473223EB41F18A3

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	123.00
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 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Coll, Lea, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) General Accounting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 29 / 2016
Transaction ID : A1741B7CF02E242929AA
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Coll, Lea, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) General Accounting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 12 / 12 / 2016
Transaction ID : A1039CAC45D1E4EBBA34
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Cote, David, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance Occupation (for Individual) Corporate Secretary, NE Division Mana
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 29 / 2016
Transaction ID : A90B8DA16171146D58E2
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 29.24
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Cote, David, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Mana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 09 / 2016
Transaction ID : A0859B1A158AC45A093B
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Cote, David, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Mana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 23 / 2016
Transaction ID : A36F985934BD2470BA3A
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Coykendall, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Auto-Owners Insurance Company Assistant Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 271.64

Date of Receipt
 12 / 02 / 2016
Transaction ID : ACF4CE2718B674A9381C
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 28 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Coykendall, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.64

Date of Receipt 12 / 30 / 2016
Transaction ID : AFB68D162BFF14247A42
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Craine, William, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2016
Transaction ID : AE77D030F975B48D1B12
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Crown, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Director, Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A8C433BD770AE4BD198A
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1060.00
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 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Crown, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Director, Internal Audit
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A6AD9B5D822EC4030906

Amount of Each Receipt this Period
25.00

Memo Item

B. Davis, Paul, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) Vice President - Claims
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : AB69B4F436310458EAFD

Amount of Each Receipt this Period
25.00

Memo Item

C. DeArment, Dan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 646

City Bedford	State PA	Zip Code 15522-0646
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Friends Cove Mutual Insurance Company	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

Transaction ID : ADCE4420E2D8B4EBAB15

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. DeChatelets, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4582.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : AE78A37DFCE34429F889

Amount of Each Receipt this Period
208.34

Memo Item

B. Detlefsen, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Vice President - Public Policy
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1087.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A9D52ACA9C8D8460FA90

Amount of Each Receipt this Period
43.48

Memo Item

C. Detlefsen, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Vice President - Public Policy
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1130.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : AC2EB5AFB9E6747DCB8D

Amount of Each Receipt this Period
43.48

Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Devore, Michele, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) MO Branch Marketing Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : AE754BE67114947E89C8

Amount of Each Receipt this Period
20.00

Memo Item

B. Drier, Charles, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3337

City Peoria	State IL	Zip Code 61612-3337
----------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : AA28901DEAFDF4BE1AF6

Amount of Each Receipt this Period
83.33

Memo Item

C. Drier, Charles, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3337

City Peoria	State IL	Zip Code 61612-3337
----------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1083.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A0B67FD91CB80496CB82

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	186.66
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 32 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dykstra, Gregg, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2404.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A5ADC5DBC8E414BAF

Amount of Each Receipt this Period
96.16

Memo Item

B. Dykstra, Gregg, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : A3321D0582B5A4CA5BCC

Amount of Each Receipt this Period
96.16

Memo Item

C. Edmond, Fred, A., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1848.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A804BD963EB494BE78A4

Amount of Each Receipt this Period
77.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.32
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 33 OF 124
(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. Edmond, Fred, A., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 12 / 16 / 2016
Transaction ID : AFB88B55094FF4DE3A78
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Edmond, Fred, A., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2002.00

Date of Receipt 12 / 30 / 2016
Transaction ID : AFFAD4758A175465E823
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Ellingson, Gregory, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 1st Ave E Ste E
 City Kalispell State MT Zip Code 59901-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flathead Farm Mutual Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2016
Transaction ID : AD9799C7C6EC44321B63
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1154.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Eriksen, Andrew, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A349D702C7A874860AEE

Amount of Each Receipt this Period
100.00

Memo Item

B. Eriksen, Andrew, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A14939A4EB1104D5483F

Amount of Each Receipt this Period
100.00

Memo Item

C. Escue, Keith, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : A3F91AAFC99B5483A937

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Escue, Keith, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : AB1F4F71C6A874C36A24

Amount of Each Receipt this Period
50.00

Memo Item

B. Estvanic, Sally, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5001

City Westfield Center	State OH	Zip Code 44251-5001
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Westfield Insurance Company	Occupation (for Individual) Government Relations Leader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A4F4CEE14B48147FCAB9

Amount of Each Receipt this Period
250.00

Memo Item

C. Faron, Barbara, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Project Leader
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2016

Transaction ID : A5850D173F384452DA58

Amount of Each Receipt this Period
9.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	309.62
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 36 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Faron, Barbara, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Project Leader
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : AA3EC8CFE7ABD434C91E

Amount of Each Receipt this Period
9.62

Memo Item

B. Faron, Barbara, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Project Leader
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : A0DCA8F536F944206A99

Amount of Each Receipt this Period
9.62

Memo Item

C. Faron, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Commercial Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2016

Transaction ID : AF22EEA1F7282401282A

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.24
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 37 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Faron, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Commercial Lines Business Unit Leade
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A90B72C8D81724E718F6

Amount of Each Receipt this Period
40.00

Memo Item

B. Faron, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Commercial Lines Business Unit Leade
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : A2D219A6C097E46EB9BD

Amount of Each Receipt this Period
40.00

Memo Item

C. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915-1429
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) VP, General Counsel and Assistant Sec
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A4DE09769C1FB4558B22

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 38 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915-1429
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) VP, General Counsel and Assistant Sec
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : A3BD2292CD4034F7B85E

Amount of Each Receipt this Period
25.00

Memo Item

B. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915-1429
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) VP, General Counsel and Assistant Sec
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AF8B9BA3035834D3782B

Amount of Each Receipt this Period
25.00

Memo Item

C. Firko, Stephan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Senior Vice President - Underwriting
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
312.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : AD4A6265758D74C30B6E

Amount of Each Receipt this Period
12.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.50
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:	PAGE 39 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Firko, Stephan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Senior Vice President - Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : A09A33F1AE0D746DBB5F

Amount of Each Receipt this Period
125.00

Memo Item

B. Fisher, Gayle, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President-Life Operatio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A7F3428938BC241E7808

Amount of Each Receipt this Period
85.00

Memo Item

C. Fisher, Gayle, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President-Life Operatio
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1105.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AC5EB901E74B24D7FA35

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.50
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 40 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Flanagan, Patrick, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A2F7B9383F4994866921

Amount of Each Receipt this Period
500.00

Memo Item

B. Foley, Philip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Whitegate Dr

City Columbia	State MO	Zip Code 65202-2335
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Corporate Claims Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : A437756E05AE14CA596A

Amount of Each Receipt this Period
20.00

Memo Item

C. Fortner, Brad, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Chief Operations Officer/Secretary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : A6D72B88960F549318C8

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Fortner, Brad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Chief Operations Officer/Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **12 / 28 / 2016**
Transaction ID : AF93D3FF09FC54D70B0E
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Foy, Bethany, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Ohio Insurance Company Occupation (for Individual) Business Lines Service Center Manage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 29 / 2016**
Transaction ID : AC95076E503D141129B1
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Foy, Bethany, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Ohio Insurance Company Occupation (for Individual) Business Lines Service Center Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 12 / 2016**
Transaction ID : A64F58B4FCC2A45D5811
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 42 OF 124
(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. Frank, Ann, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ct
 City Edwardsville State IL Zip Code 62025-3798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) Corporate Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 11 / 29 / 2016
Transaction ID : AAD3A809C6E354424B6C
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Frank, Ann, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ct
 City Edwardsville State IL Zip Code 62025-3798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) Corporate Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 12 / 29 / 2016
Transaction ID : A4A750EC4E242420B805
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Frisinger, Rusty, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1050
 City Fayetteville State AR Zip Code 72702-1050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington County Farmers Mutual Fire Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 09 / 2016
Transaction ID : A823C500A4D0C401EA52
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.36
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 124
(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. Froman, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President-Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A796C79F2DF8F4689864
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Froman, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President-Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2016
Transaction ID : AC4EAE474BD8E4999B92
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gilleland, Bryan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 923.28

Date of Receipt 12 / 02 / 2016
Transaction ID : A5DE34E7847834702A50
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.47
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Gilleland, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

Transaction ID : ACF2AA0D7EF854943911

Amount of Each Receipt this Period
38.47

Memo Item

B. Gilleland, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AA3382ADCAA224086B6B

Amount of Each Receipt this Period
38.47

Memo Item

C. Grande, Jimi, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington	State DC	Zip Code 20001-6700
--------------------	-------------	------------------------

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President-Federal and Poli
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2841.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A2C6FA8728D204326A4E

Amount of Each Receipt this Period
113.64

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.58
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 45 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Grande, Jimi, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2954.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : A7742442EFDC341909F3
 Amount of Each Receipt this Period
 113.64
 Memo Item

B. Grande, Jimi, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3454.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A29FC3BF770C347C1812
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Grove, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Vice President, Product Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2016
Transaction ID : A4C19482FA4854E2CB92
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	633.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Grove, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Vice President, Product Management
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : AE156FCE2C46A46178D7

Amount of Each Receipt this Period
20.00

Memo Item

B. Gusenius, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : AAFAAE6CF8C3A4B1E962

Amount of Each Receipt this Period
41.67

Memo Item

C. Hair, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington	State DC	Zip Code 20001-6700
--------------------	-------------	------------------------

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Federal Affairs Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AE7809954CB794B109F9

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.67
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 47 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hair, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : A5B482CE7729B4D2EAC2
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Hall, Megan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Vice President Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A7C3A2AAB1098450C919
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hall, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran Occupation (for Individual) Assistant Vice President-Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 264.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2016
Transaction ID : AB37711001220464D870
 Amount of Each Receipt this Period
 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.00
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 48 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hall, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Assistant Vice President-Underwriting
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : AED70B5E7AE014C3E95E

Amount of Each Receipt this Period
13.00

Memo Item

B. Hanby, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Chief Information Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : AB135A30FA6A04E0CAA5

Amount of Each Receipt this Period
40.00

Memo Item

C. Hanby, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Chief Information Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
511.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A66B650C5E14C4034BBF

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	93.00
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 49 OF 124
<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. Hannula, Fred, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A5D9F1B67FDD747B182B

Amount of Each Receipt this Period
40.00

Memo Item

B. Hannula, Fred, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A1F841A1ABBA04A4CAD4

Amount of Each Receipt this Period
40.00

Memo Item

C. Harper, Barbara, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : ACB21EDDFCAE943F9875

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 50 OF 124
(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. Haswell, Joseph, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 11 / 29 / 2016
Transaction ID : A63CF2772B7784606885
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 12 / 09 / 2016
Transaction ID : A7C5EDCFBA4EF482B9CA
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Haswell, Joseph, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 12 / 23 / 2016
Transaction ID : A2947E64E1216496D8D0
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 124
<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. Hawkins, Rich, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President, Marketing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A025FAE18D73B48F09F8

Amount of Each Receipt this Period
125.00

Memo Item

B. Heaney, Eugene, T., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Vice President of Claims
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A302A2BC72DD94604885

Amount of Each Receipt this Period
50.00

Memo Item

C. Heeren, Shane, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Vice President, Marketing & Sales
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : A9B5F0ADC2E8A4F5B962

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 124
<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. Heeren, Shane, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Vice President, Marketing & Sales
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A1D6D94F9CFFC4A50A5A

Amount of Each Receipt this Period
40.00

Memo Item

B. Hegarty, F. Timothy, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Chairman, President, & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : A252CDDC308564A44B61

Amount of Each Receipt this Period
38.46

Memo Item

C. Hegarty, F. Timothy, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Chairman, President, & CEO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A4424DF80E38049D4B6B

Amount of Each Receipt this Period
38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hegarty, F. Timothy, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Chairman, President, & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2016
Transaction ID : AC51DA469903847E9BCA
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Hyle, Timothy, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Preferred Mutual Insurance Company Vice President, Finance & Risk Manag
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : AB651BD9DF79F4086A90
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Imus, Catherine, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 National Association of Mutual Insuran Vice President of Public Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2016
Transaction ID : A09A3224BC5204960AF4
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.46
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 54 OF 124
(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. Imus, Catherine, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President of Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : A6BEED0AFAEC840738BE
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Irvin, Sharon, K., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Ohio Insurance Company Occupation (for Individual) Manager to the Executive Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2016
Transaction ID : ACBEE4B936D2A483ABC0
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Irvin, Sharon, K., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Ohio Insurance Company Occupation (for Individual) Manager to the Executive Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2016
Transaction ID : A46574477107F49ED885
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00
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 55 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Jakubick, Theresa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Project Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : AE053D7B984204F76991

Amount of Each Receipt this Period
20.00

Memo Item

B. Jakubick, Theresa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Project Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : AC8EB474B8B8A4A6E8E0

Amount of Each Receipt this Period
20.00

Memo Item

C. Jolley, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) United Ohio Insurance Company	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : A3086E3CC9C7C4E94817

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Jolley, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) United Ohio Insurance Company	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : ACADCF4456B17450B8D6

Amount of Each Receipt this Period
10.00

Memo Item

B. Jorgensen, Jon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President Underwriting
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A1594AD6E8B874073972

Amount of Each Receipt this Period
50.00

Memo Item

C. Jorgensen, Jon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President Underwriting
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : ACE73C1197FF048A9ABA

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
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 57 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Karol, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington State DC Zip Code 20001-6700

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

Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1136.50

Date of Receipt 12 / 09 / 2016
Transaction ID : A1DDA5545050B47689B6

Amount of Each Receipt this Period 45.46

Memo Item

B. Karol, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington State DC Zip Code 20001-6700

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

Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1181.96

Date of Receipt 12 / 22 / 2016
Transaction ID : AD1D3FCF00A124992910

Amount of Each Receipt this Period 45.46

Memo Item

C. Keeney, Pamela, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc. Occupation (for Individual) Vice President - Underwriting & Ins Op

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2016
Transaction ID : AA9AC5DDC7C1446DAB55

Amount of Each Receipt this Period 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 105.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Keeney, Pamela, J., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Vice President - Underwriting & Ins Op
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016

Transaction ID : A1DEC8F6C750948BBA38

Amount of Each Receipt this Period
15.00

Memo Item

B. Kelly, Jami, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016

Transaction ID : A03A456AB1FB548BB95F

Amount of Each Receipt this Period
39.00

Memo Item

C. Kelly, Jami, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2016

Transaction ID : AEFEDA50F4CD44C7BB5

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	93.00
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 59 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Kelly, Jami, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A75C72B8ADD2B4C2DB59

Amount of Each Receipt this Period
39.00

Memo Item

B. Kennedy, Patrick, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Casualty Claim Manager and Internal C
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : A0B56443402E846F0906

Amount of Each Receipt this Period
20.00

Memo Item

C. Kennedy, Patrick, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Casualty Claim Manager and Internal C
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A383B42F661BC4E64B94

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 124
<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. Klasing, Drew, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Manager, Home Office Claims
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : ADA334326F67645AF9BA

Amount of Each Receipt this Period
50.00

Memo Item

B. Klasing, Drew, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Manager, Home Office Claims
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AA5D973C881AE4FF7BD4

Amount of Each Receipt this Period
50.00

Memo Item

C. Klinker, Joy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) HR Coordinator
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AE77265AB20A04739A0B

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 61 OF 124
(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. Klinker, Joy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) HR Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 22 / 2016
Transaction ID : ABF84C8D21F084DAA80D
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Klopfenstein, Kraig, T., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A3F61B08012A2400A9DC
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Klopfenstein, Kraig, T., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Sales/Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 12 / 30 / 2016
Transaction ID : ABC364DBE82F049B9A1A
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 62 OF 124
(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. Knudsen, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt 12 / 02 / 2016
Transaction ID : AF7857F3A77944E798C6
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Knudsen, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 12 / 16 / 2016
Transaction ID : AC7078E15F82C47EDBAF
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Knudsen, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 988.00

Date of Receipt 12 / 30 / 2016
Transaction ID : AA9B7A8C962B14FBC9ED
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00
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 63 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Kriens, Ann, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Assistant Claim Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2016

Transaction ID : A2CE1E75AB6174522AC1

Amount of Each Receipt this Period
20.80

Memo Item

B. Kriens, Ann, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Assistant Claim Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016

Transaction ID : AE56AEBA1A63C4BA4B78

Amount of Each Receipt this Period
20.80

Memo Item

C. Lawens, Mitch, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Manager - Sales
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016

Transaction ID : A6337DC8DEEE14F188D4

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.60
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 64 OF 124
<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. Lawens, Mitch, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Manager - Sales
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A1F64330C4F5142CB8A9

Amount of Each Receipt this Period
35.00

Memo Item

B. Lear, Justin, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 396

City Ellinwood	State KS	Zip Code 67526-0396
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Company	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AAC A55FBD6F8048FA82A

Amount of Each Receipt this Period
40.00

Memo Item

C. Lewis, Theresa, C., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) Secretary-Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
499.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A3A58AD0DD1594CD6B3E

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	116.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Lopata, Brian, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) SVP, Profit Center Operations & Custor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AC117097CA45B47A0946

Amount of Each Receipt this Period
80.00

Memo Item

B. Lopata, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Manager - Commercial Lines E-Busine
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A366597E56CE541289F2

Amount of Each Receipt this Period
76.94

Memo Item

C. Lopilato, Kathleen A., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1208

City Bath	State OH	Zip Code 44210-1208
--------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A743DE1B55ADB493F908

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	216.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ludema, Hilary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President - Personal Li
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A46D3F3878CAC481782C

Amount of Each Receipt this Period
21.00

Memo Item

B. Ludema, Hilary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President - Personal Li
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A555399C1F35B4D0C949

Amount of Each Receipt this Period
21.00

Memo Item

C. Lynch, Tim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A3B71A48E29184EF3B2A

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
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 67 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Lynch, Tim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A67B7D5A5409345E8B6D

Amount of Each Receipt this Period
50.00

Memo Item

B. Mackenzie, Laurinda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : A23B95A7116474D68856

Amount of Each Receipt this Period
50.00

Memo Item

C. Mackenzie, Laurinda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : A61C31803EE9E40D492C

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 68 OF 124
(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. Marshall, Diane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A652F29D52FBF4B3CB47
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Marshall, Diane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A0D087553FE0C4DD6AB6
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Martin, Ronald, R., Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Vice President - Personal Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 30 / 2016
Transaction ID : A57B27A24EC7346628F8
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 219.24
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 69 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. McCain, Phil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : ACA112AACD1F7474FAF8

Amount of Each Receipt this Period

38.46

 Memo Item

B. McCain, Phil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

Transaction ID : A7146B0C18864440B9A3

Amount of Each Receipt this Period

38.46

 Memo Item

C. McCain, Phil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A9541FAB4CBB743C0964

Amount of Each Receipt this Period

38.46

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 70 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. McClean, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Assistant Vice President of Financial
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A23E548BCA59C4A12B29

Amount of Each Receipt this Period
10.42

Memo Item

B. McClean, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Assistant Vice President of Financial
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : A18E831F09C4A4D6E827

Amount of Each Receipt this Period
10.42

Memo Item

C. McCormack, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistant Vice President - Information
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2016

Transaction ID : ADB720DBC10D44BB99CA

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.84
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 71 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. McCormack, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistant Vice President - Information
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : ABD7A6E8AFA1643D39BE

Amount of Each Receipt this Period
10.00

Memo Item

B. McCullough, S.H., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124-4017
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) RVP - Montgomery Region
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A1B807444D0AD432CA46

Amount of Each Receipt this Period
30.00

Memo Item

C. McCullough, S.H., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124-4017
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) RVP - Montgomery Region
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AE1E0ECA76DCA4BBF9EE

Amount of Each Receipt this Period
30.00

Memo Item

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 72 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. McKenzie, Sherry, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : A73418F9B3CF847008F9
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. McKenzie, Sherry, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A60EC17A7AD364E95A65
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. McLeod, Brian, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 886.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : A6037729F4E8E4D94A69
 Amount of Each Receipt this Period
 38.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	188.54
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 73 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. McLeod, Brian, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : A4F52F84B6B6D47C38B4

Amount of Each Receipt this Period
38.54

Memo Item

B. McLeod, Brian, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
963.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A2258FC1C2DF84843BC2

Amount of Each Receipt this Period
38.54

Memo Item

C. Mengerink, R.F., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) AVP Information Systems & Technology
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
408.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : AFC881BCA19B34C8C998

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.08
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 74 OF 124
(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. Mengerink, R.F., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) AVP Information Systems & Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 30 / 2016
Transaction ID : AAFCE5FEFC444A968C#
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Michael, Scott, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President - Commercial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 02 / 2016
Transaction ID : AE7D81120D04B44AF834
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Michael, Scott, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President - Commercial
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A3DADFD78C4E548D59E3
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 142.00
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 75 OF 124
(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. Middleton, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2016
Transaction ID : AE2E83DA2DF9B440AA30
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Middleton, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 22 / 2016
Transaction ID : AE1D30CCE246545E886C
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Mohr, Dona, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 11 / 29 / 2016
Transaction ID : AD484C533C7694C1CB69
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
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 76 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Muller, Carolyn, B., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President - Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A8BFB5015503741A9A34

Amount of Each Receipt this Period
85.00

Memo Item

B. Muller, Carolyn, B., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President - Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1105.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A197E7446B87C49D790B

Amount of Each Receipt this Period
85.00

Memo Item

C. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Executive Vice President, Personal Lin
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2016

Transaction ID : AF06F3F7FDFB64F04837

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
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 77 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Executive Vice President, Personal Lin
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2016

Transaction ID : A3488EE9B68D1417C804

Amount of Each Receipt this Period
20.00

Memo Item

B. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Executive Vice President, Personal Lin
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2016

Transaction ID : A4561CD65A8F14D118DA

Amount of Each Receipt this Period
20.00

Memo Item

C. Myers, William, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 996 Walcutt Dr

City Basking Ridge	State NJ	Zip Code 07920-3538
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2016

Transaction ID : A235851D086354FBDAB7

Amount of Each Receipt this Period
12.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.50
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 78 OF 124
<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. Myers, William, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 996 Walcutt Dr

City Basking Ridge	State NJ	Zip Code 07920-3538
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : AB3D757C301E54CE2B09

Amount of Each Receipt this Period

12.50

 Memo Item

B. Nelson, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AF2A01C439A20460AA76

Amount of Each Receipt this Period

250.00

 Memo Item

C. Northard, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Web Design Specialist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AE97318080F474719B05

Amount of Each Receipt this Period

9.62

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	272.12
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 79 OF 124
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Northard, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Web Design Specialist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A473CF58B239743E1885

Amount of Each Receipt this Period
9.62

Memo Item

B. Owens, Roger, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Special Investigation Program Manage
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A6C49BBA9FF0140FC9D5

Amount of Each Receipt this Period
41.68

Memo Item

C. Palmer, Harry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : A32FE10090DAB4CB1B10

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.30
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 80 OF 124
(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. Palmer, Harry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2016
Transaction ID : AE505754261834420A7D
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Parrillo, Sandra, G., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6066
 City Providence State RI Zip Code 02940-6066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Mutual Fire Insurance Compa Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2016
Transaction ID : A1159D80679664DA4AF9
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Paul, John, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 498
 City Council Bluffs State IA Zip Code 51502-0498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Iowa Mutual Insurance Associat Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2016
Transaction ID : A2D5B0E26365040B5A35
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 81 OF 124
<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. Pettersen, Helen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) IT Project Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : A1DEEB746922E49A28E2

Amount of Each Receipt this Period
10.00

Memo Item

B. Pettersen, Helen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) IT Project Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A756B1EE792B043D39BC

Amount of Each Receipt this Period
10.00

Memo Item

C. Pettersen, Helen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) IT Project Leader
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2016

Transaction ID : A47636FF0FE2C41C4A39

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 82 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Phillips, Andrea, I., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President, Personal Lin
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A67CB350C314A47E985D

Amount of Each Receipt this Period
30.00

Memo Item

B. Pierce, David, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President- Investments
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A42FC08BAD62241AB878

Amount of Each Receipt this Period
30.00

Memo Item

C. Pierce, Mary, S., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
866.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A36BDD7FA486B427599A

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	143.33
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 83 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Pierce, Mary, S., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AB4E54558B62C453DA1B

Amount of Each Receipt this Period
83.33

Memo Item

B. Pike, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President of Human Resou
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : AF7C012E39F6C48D09FC

Amount of Each Receipt this Period
90.00

Memo Item

C. Pike, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President of Human Resour
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A922AE3AE4933477D8FE

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	263.33
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 84 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Preslaski, Barry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : ACFF30EA4F03C4A95BF9

Amount of Each Receipt this Period
30.00

Memo Item

B. Rademacher, Lee, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President-Commercial L
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A56A741CD9B324939A3E

Amount of Each Receipt this Period
30.00

Memo Item

C. Rasmussen, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Director of Property
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
422.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A462D94DA1F0141858D8

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 85 OF 124
<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. Reeves, Rip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Meadowlands Plz

City East Rutherford	State NJ	Zip Code 07073-2150
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AEGIS Insurance Services	Occupation (for Individual) CIO/Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2016

Transaction ID : A1F24E45F0EC04150B58

Amount of Each Receipt this Period
500.00

Memo Item

B. Reynolds, Liz, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Director - State Affairs, Southeast Re
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A67188EA01077482AAF5

Amount of Each Receipt this Period
10.00

Memo Item

C. Reynolds, Liz, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Director - State Affairs, Southeast Re
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A9D38EAAE1C3641B4B7F

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Rideout, Carol, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance Occupation (for Individual) Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2016
Transaction ID : ACF81BD1F1E5945F7AB5
 Amount of Each Receipt this Period
 8.00
 Memo Item

B. Riekse, Jonathan, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Vice President, Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : A6C61EE81CBD648318AA
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Riekse, Jonathan, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Vice President, Personal Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1083.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : AD126BC6A5A3B4F89951
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.66
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 87 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Roach, Clarence, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : AAefd030916994DA7BDB

Amount of Each Receipt this Period
25.00

Memo Item

B. Roach, Clarence, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : A18E6697CB4CB4C7BB84

Amount of Each Receipt this Period
50.00

Memo Item

C. Rodgers, Jonathan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Accounting Regulation Analyst
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A6E54FB1BA84C4FAC873

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
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 88 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Rodgers, Jonathan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Accounting Regulation Analyst
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A58465125B1614F97BE0

Amount of Each Receipt this Period
10.00

Memo Item

B. Roesch, Ed, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Director, Claims Department
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A1E7072CA87844EF1A43

Amount of Each Receipt this Period
10.00

Memo Item

C. Roesch, Ed, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Director, Claims Department
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A0195929521E54169B4D

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 89 OF 124
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Rowland, Rhonda, , Ms.,

Mailing Address 1725 Hopley Ave

City Bucyrus State OH Zip Code 44820-3569

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

Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Personal Lines Territorial Underwritin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt **11 / 29 / 2016**

Transaction ID : A185DBD3AE94F4D8CA77

Amount of Each Receipt this Period **8.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Santoro, Francis, R., Mr.,

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran Occupation (for Individual) Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt **12 / 12 / 2016**

Transaction ID : AB8FCAF94265A42B0B94

Amount of Each Receipt this Period **12.50**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Santoro, Francis, R., Mr.,

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran Occupation (for Individual) Vice President, Claims

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **12 / 28 / 2016**

Transaction ID : AEEA8572E682F4721973

Amount of Each Receipt this Period **12.50**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **33.00**

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 90 OF 124
<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. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334-0059
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : AD67FF935FFBC4325BBD

Amount of Each Receipt this Period
62.50

Memo Item

B. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334-0059
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2016

Transaction ID : A267475D39815467E979

Amount of Each Receipt this Period
62.50

Memo Item

C. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334-0059
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A3C9C0125E5854D36B67

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
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 91 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Schneiderman, Fred, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director Personal Lines/Underwriting S
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : A2901DE8D3BEB4497A97

Amount of Each Receipt this Period
20.00

Memo Item

B. Schneiderman, Fred, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director Personal Lines/Underwriting S
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A14B9069663CC4713A09

Amount of Each Receipt this Period
20.00

Memo Item

C. Schumacher, James, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Director - Agency Systems
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : ACECF53A75FAE432299D

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
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 92 OF 124
(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. Schumacher, James, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Director - Agency Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1086.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A2CCB58CED92645CAA4I
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Shantz, Kent, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 892.00

Date of Receipt 12 / 05 / 2016
Transaction ID : AB1B42B9F09C344B3A44
 Amount of Each Receipt this Period 78.00
 Memo Item

C. Shantz, Kent, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A74F85197BE874E1590B
 Amount of Each Receipt this Period 78.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 306.00
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 93 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Shell, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A1C0B1DD730084676976

Amount of Each Receipt this Period
50.00

Memo Item

B. Sherman, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Trustee
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : A0AF461D82D224D40A46

Amount of Each Receipt this Period
41.67

Memo Item

C. Sherman, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Trustee
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2016

Transaction ID : A7CD7C5EFB3B14DAAB86

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.34
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 94 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Shinas, Athan, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.08

Date of Receipt 12 / 30 / 2016
Transaction ID : ACB3DF8ECEDF9483F928
 Amount of Each Receipt this Period 208.34
 Memo Item

B. Shipe, Christopher, G., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 58
 City Waterford State VA Zip Code 20197-0058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loudoun Mutual Insurance Company Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 12 / 28 / 2016
Transaction ID : A4F2349CEC9484715864
 Amount of Each Receipt this Period 269.22
 Memo Item

C. Simpson, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 05 / 2016
Transaction ID : A4CAE0BEF3EAF45C8A33
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	502.56
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 95 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Simpson, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2016
Transaction ID : AFFB4E7FB2B4045A6ABD
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Sisk, Jonathan, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mutual Assurance Society of Virginia Occupation (for Individual) Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : A4B7D6C4BD46745C5855
 Amount of Each Receipt this Period
 20.84
 Memo Item

C. Sliver, Steven, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 577
 City Huntingdon State PA Zip Code 16652-0577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual Benefit Insurance Company Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2016
Transaction ID : ADCCD31FCF99B4A9DB8E
 Amount of Each Receipt this Period
 625.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	695.84
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 96 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Smith, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Director, Applications & Product Devel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A96D674B4ED1C43E997A

Amount of Each Receipt this Period
40.00

Memo Item

B. Smith, John, K., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : A095F773248984B3EAC4

Amount of Each Receipt this Period
95.00

Memo Item

C. Smith, John, K., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : A35C8CD0509E2435F858

Amount of Each Receipt this Period
95.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Speicher, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Forest Regio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A85AF3E9FE3BD4FAAB59

Amount of Each Receipt this Period
50.00

Memo Item

B. Speicher, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Forest Regio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A24503967A00D4A86827

Amount of Each Receipt this Period
50.00

Memo Item

C. Spriggs, Kristen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Vice President - Member Development
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A0F0D3F8909424793973

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 98 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Spriggs, Kristen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Member Development
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : A00046D4991AC4DC5894
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. St. Angel, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Royal Rd Ste 100
 City Flemington State NJ Zip Code 08822-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Insurance Company of Flemingo Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2016
Transaction ID : A5F1B0C420D3048C6ACF
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Stuckrath, Edward, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President - Westminister
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 286.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : A9121271D8A2D435184A
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 99 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Stuckrath, Edward, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacabri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Westminister
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AE2339E7DF6B64130AF7

Amount of Each Receipt this Period
50.00

Memo Item

B. Stueven, Marlene, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Downtown Plz

City Fairmont	State MN	Zip Code 56031-1709
------------------	-------------	------------------------

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

Name of Employer (for Individual) Fairmont Farmers Mutual Insurance Comp	Occupation (for Individual) Administrative Assistant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : A6CE3F2B3BD1441A5988

Amount of Each Receipt this Period
1500.00

Memo Item

C. Sullivan, Mary, B., Ms., CIC, AAI
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) NIA Operations Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : ABFB031BE287247BEBC8

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1560.00
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 100 OF 124
<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. Sullivan, Mary, B., Ms., CIC, AAI
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) NIA Operations Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A2B5E7B7B65944F40BC8

Amount of Each Receipt this Period
10.00

Memo Item

B. Sullivan, Tim, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A95D3D9097CE6471381C

Amount of Each Receipt this Period
96.15

Memo Item

C. Sullivan, Tim, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A32D45642A6D5423CBAC

Amount of Each Receipt this Period
96.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.30
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 101 OF 124
(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. Suttner, Terry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Membership/Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2016
Transaction ID : AF89ABB683D644F5BAAE
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Suttner, Terry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Membership/Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 22 / 2016
Transaction ID : AB5FC1B4E54D9439B8CF
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Tagsold, Jeffrey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A78AA4F26FD2943D1887
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00
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 102 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Tagsold, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AF00ED4AC675D4BFDDBB!

Amount of Each Receipt this Period
100.00

Memo Item

B. Tetrault, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) State & Policy Affairs Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : ABE1674E83C014C64BE0

Amount of Each Receipt this Period
20.00

Memo Item

C. Tetrault, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) State & Policy Affairs Counsel
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : AF76232C95E564A7DAFC

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 103 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Thelen, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Human Resources
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : AEEF4ADFC650E46A1871

Amount of Each Receipt this Period
90.00

Memo Item

B. Thelen, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Human Resources
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : A2CA8382C75CB4BFE969

Amount of Each Receipt this Period
90.00

Memo Item

C. Thesing, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Vice President - State Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A1BF1FFBDAFD3464389F

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 104 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Thesing, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Vice President - State Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : A17E3EBB6E59F4BB39D2

Amount of Each Receipt this Period
40.00

Memo Item

B. Thomas, Bruce, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511-0594
----------------	-------------	------------------------

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

Name of Employer (for Individual) Heartland Mutual Insurance Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : AAE29A07A33AF462CB60

Amount of Each Receipt this Period
100.00

Memo Item

C. Thompson, Gary, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : ACFE166E83E4B4E5894E

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 124
<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. Thompson, Michael, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Finance and Investment
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : A3BB9CC56A67244688EC

Amount of Each Receipt this Period
20.00

Memo Item

B. Thompson, Michael, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Finance and Investment
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : A755F8AD832FB49D68CB

Amount of Each Receipt this Period
20.00

Memo Item

C. Thompson, Michael, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Finance and Investment
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2016

Transaction ID : A90409A968A1C48BE952

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 106 OF 124
(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. Ulmer, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2016
Transaction ID : A016AA516A7F24BE3BD5
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Ulmer, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Business Developmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 22 / 2016
Transaction ID : A7268803D44A24FE18B7
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Valentine, Aaron, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Senior Vice President, Treasurer & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1024.00

Date of Receipt 12 / 30 / 2016
Transaction ID : A7DEEF5B99235430F8A3
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 107 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Wadsworth, Robert, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Chairman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : AB10387205CBA4BDABCC

Amount of Each Receipt this Period
1000.00

Memo Item

B. Wall, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director, Underwriting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : AD3D5E0AD3F1B44EBAC4

Amount of Each Receipt this Period
20.00

Memo Item

C. Wall, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director, Underwriting
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AF9D40E0343F04382BF1

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 108 OF 124
(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. Walp, Kristie, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Ohio Insurance Company Occupation (for Individual) Farm Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 29 / 2016
Transaction ID : A4A7C4C644B1E4EEFBF2
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Walp, Kristie, M., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Ohio Insurance Company Occupation (for Individual) Farm Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 12 / 2016
Transaction ID : A69E6C3A2227D41A5BB5
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Walsh, James, J., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Vice President-Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 12 / 02 / 2016
Transaction ID : A49270278FE4C4CFDAF0
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 109 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Walsh, James, J., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President-Claims
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : ADF9573DD24A640268E5

Amount of Each Receipt this Period
55.00

Memo Item

B. Walsh, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Manager - Business Insurance Product
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : AE138ABF937334953BEF

Amount of Each Receipt this Period
40.00

Memo Item

C. Walsh, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Manager - Business Insurance Products
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : A68C1065877D844798BB

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 110 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ward, Ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Senior Underwriter/Tax Specialist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : A50D7846BA6784647A59

Amount of Each Receipt this Period
10.00

Memo Item

B. Ward, Ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Senior Underwriter/Tax Specialist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : AD4A403386629408D8D2

Amount of Each Receipt this Period
10.00

Memo Item

C. Ward, Ian, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President, Investments and
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A79DF2FC911F6475BA8C

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.00
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 111 OF 124
(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. Ward, Ian, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Vice President, Investments and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A6DC16B9090594452906
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Weaver, Nichole, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Senior Vice President and Chief Financ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A59DDBD5718464912A14
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Wenger, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President and Chief P&C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : AFD6B6E5D605F453CB02
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 314.00
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 112 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Wenger, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President and Chief P&C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : ACAEEFB7173C743178E8

Amount of Each Receipt this Period
210.00

Memo Item

B. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ct

City Edwardsville	State IL	Zip Code 62025-3798
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Madison Mutual Insurance Company	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : AF5C7FE228DDC48A4AA7

Amount of Each Receipt this Period
41.68

Memo Item

C. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ct

City Edwardsville	State IL	Zip Code 62025-3798
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Madison Mutual Insurance Company	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
441.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : ABDECEB7550474891BF5

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.36
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 113 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. White, Jessica, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Auto PD Claims Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : A323C69ECCBA44FD986E

Amount of Each Receipt this Period
40.00

Memo Item

B. Wickham, Gordon, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) AVP-Information Systems & Technolog
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : ADBB8FC06DFA24CBD992

Amount of Each Receipt this Period
21.00

Memo Item

C. Wickham, Gordon, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) AVP-Information Systems & Technology
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AEB9A05A2B2844708AE6

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	82.00
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 114 OF 124
<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. Wilds, James, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : A8C8B327EC4CA4A61B4E

Amount of Each Receipt this Period
250.00

Memo Item

B. Wissman, Theodore, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Insurance Sq

City Celina	State OH	Zip Code 45822-1659
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Celina Mutual Insurance Company	Occupation (for Individual) Vice President of Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : A8339CAD444754F2AA43

Amount of Each Receipt this Period
10.00

Memo Item

C. Wissman, Theodore, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Insurance Sq

City Celina	State OH	Zip Code 45822-1659
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Celina Mutual Insurance Company	Occupation (for Individual) Vice President of Claims
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : A88184F1DC06442E7A4D

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Wissman, Theodore, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Insurance Sq

City Celina	State OH	Zip Code 45822-1659
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Celina Mutual Insurance Company	Occupation (for Individual) Vice President of Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : AA27D4B0D1F5843A4832

Amount of Each Receipt this Period
10.00

Memo Item

B. Wrobel, Jeffrey, S., Mr., Sr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1074.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : A1800EEE7BA294C8CB44

Amount of Each Receipt this Period
84.00

Memo Item

C. Yesbeck, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 527 Colman Center Dr

City Rockford	State IL	Zip Code 61108-2747
------------------	-------------	------------------------

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director of IT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : ADAA23B33B0234B558DE

Amount of Each Receipt this Period
23.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	117.08
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 116 OF 124
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Yesbeck, Daniel, , Mr.,

Mailing Address 527 Colman Center Dr

City Rockford	State IL	Zip Code 61108-2747
------------------	-------------	------------------------

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director of IT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2016

Transaction ID : AEEFBC9F95EAF4F1898F

Amount of Each Receipt this Period
23.08

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	23.08
TOTAL This Period (last page this line number only).....	23791.04

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

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

FOR LINE NUMBER: PAGE 117 OF 124
(check only one)

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

City Madison	State WI	Zip Code 53783
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	12	/	2016

Transaction ID : A4160E070B02D405EB59

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 118 OF 124
(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. NAMIC Administrative Fund
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3444.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2016
Transaction ID : A0F0AFB4BC705484B9ED
 Amount of Each Receipt this Period
 546.93
 Memo Item
 Reimb. of Bank Fees

B. NAMIC Administrative Fund
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3757.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : A432A6B6BCFDF4262B72
 Amount of Each Receipt this Period
 312.95
 Memo Item
 Reimb. of Bank Fees

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

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

SUBTOTAL of Receipts This Page (optional).....▶	859.88
TOTAL This Period (last page this line number only).....▶	859.88

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

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

FOR LINE NUMBER: PAGE 119 OF 124
(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. Chase Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8751 Michigan Rd
 City Indianapolis State IN Zip Code 46268-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 34.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A3F2F7C3623794803B12
 Amount of Each Receipt this Period 1.69
 Memo Item
 Interest

B. Chase Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8751 Michigan Rd
 City Indianapolis State IN Zip Code 46268-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 34.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : A9E9ABECF773A4A2DAF6
 Amount of Each Receipt this Period 0.04
 Memo Item
 Interest

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1.73
TOTAL This Period (last page this line number only).....▶	1.73

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City
El Paso

State
TX

Zip Code
79998-1540

Purpose of Disbursement
Bank Service Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : B079627312F

Amount of Each Disbursement this Period

[Redacted] 31.51

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : BA53AE8B3F

Amount of Each Disbursement this Period

[Redacted] 122.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 8751 Michigan Rd

City
Indianapolis

State
IN

Zip Code
46268-3141

Purpose of Disbursement
Bank Service Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2016			

FEC Identification Number

C [Redacted]

Transaction ID : B8995AC7F7

Amount of Each Disbursement this Period

[Redacted] 45.91

Memo Item

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

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

[Redacted] 199.92

[Redacted] 199.92

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement
Void from 11/3/16 (clerical error duplicate)

Candidate Name

Harris, Andy, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2016			

FEC Identification Number

C C00435974

Transaction ID : BFCC5AC8B

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Harris for Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement
Void from 11/1/16 (clerical error duplicate)

Candidate Name

Harris, Andy, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2016			

FEC Identification Number

C C00435974

Transaction ID : B247087F3F1

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Mailing Address P.O. Box 50

City
Ballwin

State
MO

Zip Code
63022-0050

Purpose of Disbursement
Contribution to Committee

Candidate Name

Wagner, Ann, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2016			

FEC Identification Number

C C00495846

Transaction ID : B51AA82E89

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

-500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. BILL PAC

Mailing Address 228 S. WASHINGTON ST., STE. 115

City
Alexandria

State
VA

Zip Code
22314-5404

Purpose of Disbursement
Contribution to Committee

Candidate Name

BILL PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Other**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2016

FEC Identification Number

C C00412288

Transaction ID : BC6AEF0913

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Connolly for Congress

Mailing Address P.O. Box 563

City
Fairfax

State
VA

Zip Code
22038-0563

Purpose of Disbursement
Contribution to Committee

Candidate Name

Connolly, Gerry, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VA District: 11

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2016

FEC Identification Number

C C00445452

Transaction ID : B4093851832

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave.
Suite 535

City
Jamaica

State
NY

Zip Code
11432-3921

Purpose of Disbursement
Contribution to Committee

Candidate Name

Meeks, Gregory, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 05

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2016

FEC Identification Number

C C00430991

Transaction ID : B3A122578B

Amount of Each Disbursement this Period

500.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Lou Barletta for Congress

Mailing Address P.O. Box 128

City
Hazleton

State
PA

Zip Code
18201-0128

Purpose of Disbursement
Contribution to Committee

Candidate Name

Barletta, Lou, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2016					

FEC Identification Number

C C00376004

Transaction ID : BEF6D88A4F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE

Mailing Address PO BOX 32248

City
NEWARK

State
NJ

Zip Code
07102-0648

Purpose of Disbursement
Contribution to Committee

Candidate Name

Menendez, Robert, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2016					

FEC Identification Number

C C00264564

Transaction ID : B2B2D8381D

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Randy Hultgren for Congress

Mailing Address P.O. Box 717

City
St Charles

State
IL

Zip Code
60174-0717

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hultgren, Randy, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2016					

FEC Identification Number

C C00467522

Transaction ID : B42C4A9A81

Amount of Each Disbursement this Period

1500.00

Memo Item

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

6500.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. YOPAC

Mailing Address 5631 ABERDEEN RD

City Fairway

State KS

Zip Code 66205-2610

Purpose of Disbursement
Contribution to Committee

Candidate Name

YOPAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

FEC Identification Number

C C00497305

Transaction ID : BCE194BFD4
Amount of Each Disbursement this Period

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

11000.00