

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		98749.50
(b) Cash on Hand at Beginning of Reporting Period.....	108684.56	
(c) Total Receipts (from Line 19)	42330.74	130360.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	151015.30	229109.89
7. Total Disbursements (from Line 31).....	33843.01	111937.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	117172.29	117172.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29118.98	81911.28
(ii) Unitemized	8472.74	40912.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37591.72	122824.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42091.72	129824.26
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).....	228.77	494.58
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10.25	41.55
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))..... ▶	42330.74	130360.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42330.74	130360.39

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	93.01	475.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	93.01	475.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	103000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1962.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1962.43
29. Other Disbursements	3250.00	6500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33843.01	111937.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33843.01	111937.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42091.72	129824.26
34. Total Contribution Refunds (from Line 28(d))	0.00	1962.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42091.72	127861.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	93.01	475.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	228.77	494.58
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-135.76	-19.41

**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 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Mr. Maurice R. Abens CIC, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 35
 City Humboldt State IA Zip Code 50548-0035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humboldt Mutual Insurance Association Occupation Secretary/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : A7B62AD10161B4FA4AA7
 Amount of Each Receipt this Period
 225.00

B. Mr. Todd E. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Vice President of Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : A8A3C8B98FF0140FBBDD6
 Amount of Each Receipt this Period
 30.00

C. Mr. Michael J. Alexander
 Full Name (Last, First, Middle Initial)
 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 Nodak Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : AB646F60375E94989B93
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 755.00
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Neil Alldredge
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 06 / 2012
Transaction ID : AEC682CE3FA7445E4A08

Amount of Each Receipt this Period 40.00

B. Mr. Neil Alldredge
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 20 / 2012
Transaction ID : AD3E7CC6297CD4D5C9F7

Amount of Each Receipt this Period 40.00

C. Ms. Roberta Alsworth
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Highway 15 S

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 04 / 2012
Transaction ID : AB96EFEFDE55A48589BD

Amount of Each Receipt this Period 300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jennifer Behne
Full Name (Last, First, Middle Initial)
Mailing Address 1285 Highway 15 S
City Fairmont State MN Zip Code 56031-4461
FEC ID number of contributing federal political committee. **C**
Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Administrative Assistant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2012
Transaction ID : AAFCB47B41EFD41F6A39
Amount of Each Receipt this Period 250.00

B. Mr. Walter Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Garden Rd
City Monterey State CA Zip Code 93940-5326
FEC ID number of contributing federal political committee. **C**
Name of Employer California Capital Insurance Company Occupation VP Underwriting and Field Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2012
Transaction ID : A4A42A1418226434E941
Amount of Each Receipt this Period 250.00

C. Mr. John S. Benson
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 13 / 2012
Transaction ID : AE34B5EDE1B4C4DBAA4E
Amount of Each Receipt this Period 115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 615.39
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : A77FD492771A3425ABA2
 Amount of Each Receipt this Period
 115.39

B. Ms. Deborah Betten
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : A6997B98044954A45A94
 Amount of Each Receipt this Period
 51.42

c. Ms. Deborah Betten
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2012
Transaction ID : AAB3B531CDA0946C9BBA
 Amount of Each Receipt this Period
 10.64

SUBTOTAL of Receipts This Page (optional).....▶	177.45
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 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. James Buch PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 307
 City State Zip Code
 Keystone IA 52249-0307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benton Mutual Insurance Association 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
 04 / 13 / 2012
Transaction ID : AC001CFBB19234875830
 Amount of Each Receipt this Period
 250.00

B. Rick Budke
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 219
 City State Zip Code
 Sublimity OR 97385-0219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sublimity Insurance Company President/CEO
 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
 04 / 10 / 2012
Transaction ID : A236BBE68935044EF844
 Amount of Each Receipt this Period
 300.00

C. Ms. Susan Burmeister
 Full Name (Last, First, Middle Initial)
 Mailing Address 1285 Highway 15 S
 City State Zip Code
 Fairmont MN 56031-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fairmont Farmers Mutual Insurance Comp Office Assistant
 Receipt For:
 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
 04 / 20 / 2012
Transaction ID : A0F8B82E802A9474EB47
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Tod J. Carmony CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 3873 Cleveland Rd
 City State Zip Code
 Wooster OH 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wayne Mutual Insurance Company President
 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
 04 / 09 / 2012
Transaction ID : AD4C3EB17358A4EA3934
 Amount of Each Receipt this Period
 250.00

B. Ms. Dawn Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company Commercial Lines Underwriting 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
 04 / 23 / 2012
Transaction ID : AD0CDD3D9B931454A82C
 Amount of Each Receipt this Period
 250.00

C. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : ABBD61C03D5654EB3AF5
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional).....▶	590.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : AE5E340B5183D4D6AA7F
 Amount of Each Receipt this Period
 90.00

B. Mr. Mark Coe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : A17E49076365D444895B
 Amount of Each Receipt this Period
 35.00

c. Mr. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012
Transaction ID : AFE6FD58926854259AF7
 Amount of Each Receipt this Period
 154.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 279.00
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ms. Linda J. Day
Full Name (Last, First, Middle Initial)
Mailing Address 285 E. Ricker Road
City Loudon State NH Zip Code 03307-0720
FEC ID number of contributing federal political committee. **C**
Name of Employer Concord General Mutual Insurance Compa Occupation Chairman, President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2012
Transaction ID : A8AB8E8BDE4AB4CCC8D
Amount of Each Receipt this Period
2500.00

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2012
Transaction ID : A8F9F1856B5E64F9F8BF
Amount of Each Receipt this Period
43.48

C. Ms. Mary Doswell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6927
City Richmond State VA Zip Code 23230-0927
FEC ID number of contributing federal political committee. **C**
Name of Employer Mutual Assurance Society of Virginia Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2012
Transaction ID : AFEF591910EEC4D52B15
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2793.48
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 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : A848DFB3378D8424FAF4
 Amount of Each Receipt this Period
 96.16

B. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : AAD66407E9C164FF7890
 Amount of Each Receipt this Period
 96.16

c. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : A61DBADD4C781440D82B
 Amount of Each Receipt this Period
 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.79
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : A857568E0CF794861B7F
 Amount of Each Receipt this Period
 38.47

B. Mr. Douglas P. Fincannon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 717
 City Graham State NC Zip Code 27253-0717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alamance Farmers' Mutual Insurance Com Occupation 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
 04 / 11 / 2012
Transaction ID : AD513F21EFC4648FB82E
 Amount of Each Receipt this Period
 250.00

C. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : A93FC041F8EC24232BF8
 Amount of Each Receipt this Period
 38.47

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

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

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

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

A. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : A0400F17A3A1C4A97BC1
 Amount of Each Receipt this Period
 38.47

B. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 Coopers Landing Court
 City Burke State VA Zip Code 22015-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 452.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : AF672A99A643E41F0BFA
 Amount of Each Receipt this Period
 113.05

C. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 Coopers Landing Court
 City Burke State VA Zip Code 22015-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : A5927281DF2264F13A22
 Amount of Each Receipt this Period
 113.05

SUBTOTAL of Receipts This Page (optional)..... ▶ 264.57
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. A. Michael Heister

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company 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
04 / 18 / 2012
Transaction ID : A02705077C92B40D29B4

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Stuart C. Henderson JD, CPCU

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer Occupation
Western National Mutual Insurance Comp 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
04 / 09 / 2012
Transaction ID : A40031FEC5CAD4CB7B89

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Mr. David G. Hendrix

Mailing Address 3529 Oakstone Dr

City State Zip Code
Ontario OH 44903-8441

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

Name of Employer Occupation
Information Requested CFO

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
04 / 02 / 2012
Transaction ID : A583971E35EB84EEBA8F

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David F. Honold
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **615.44**

Date of Receipt **04 / 13 / 2012**
Transaction ID : A3F7D7591E65447AAB64
Amount of Each Receipt this Period **76.93**

B. Mr. David F. Honold
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **692.37**

Date of Receipt **04 / 27 / 2012**
Transaction ID : A2BC58DF97DE640FCB77
Amount of Each Receipt this Period **76.93**

C. Mr. Mike Horvath CPCU
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111
City Bucyrus State OH Zip Code 44820-0111
FEC ID number of contributing federal political committee. **C**
Name of Employer Ohio Mutual Insurance Company Occupation Vice President-Human Resources
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 19 / 2012**
Transaction ID : AE1507F4914CD4082979
Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2012

Transaction ID : A193DEFB184054009A6E

Amount of Each Receipt this Period

75.00

B. Mr. James J. Kennedy CPCU, LUTC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	President & CEO

Receipt For:
 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
04	/	16	/	2012

Transaction ID : A4BFC59E3D3124DEBB67

Amount of Each Receipt this Period

2500.00

C. Ms. Terri Kietzer
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Highway 15 S

City	State	Zip Code
Fairmont	MN	56031-4461

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

Name of Employer	Occupation
Fairmont Farmers Mutual Insurance Comp	Office Assistant

Receipt For:
 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
04	/	20	/	2012

Transaction ID : A6AEDD96D4E3B4A3EBA3

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	2875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Steven Linkous
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3554
FEC ID number of contributing federal political committee. **C**
Name of Employer Harford Mutual Insurance Company Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2012
Transaction ID : A886D9B06FC8A433F95D
Amount of Each Receipt this Period 250.00

B. Mr. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 13 / 2012
Transaction ID : A2C7D5A64911348939D6
Amount of Each Receipt this Period 38.47

C. Mr. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.23

Date of Receipt 04 / 27 / 2012
Transaction ID : A198EEC5E6406461D943
Amount of Each Receipt this Period 38.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Brian S. McLeod		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : AD448D8D7CDA1427A85D
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.47"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="307.76"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Brian S. McLeod		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : A38F18114443247CCA6A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.47"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.23"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Arthur L. Meadows		Date of Receipt
Mailing Address RR 1 Box 166A		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Moundsville	WV	26041-9609
FEC ID number of contributing federal political committee.		Transaction ID : ADAFDDE64C2DC4106AA4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="760.00"/>
Name of Employer	Occupation	
Panhandle Farmers Mutual Insurance Com	President/CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="760.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="836.94"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. W. Neal Menefee
 Full Name (Last, First, Middle Initial)
 Mailing Address 633 E Market St
 City Harrisonburg State VA Zip Code 22801-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockingham Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : A4B06636550C04F06A2B
 Amount of Each Receipt this Period
250.00

B. Mr. David Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : A6DE5AB366EDA4B26AE2
 Amount of Each Receipt this Period
40.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : AC45D9113FB58430CA08
 Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... **330.00**
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : A2AD1076011BA462EAEB
 Amount of Each Receipt this Period
 30.00

B. Ms. Karlyn T. Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Corporate Secretary
 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
 04 / 09 / 2012
Transaction ID : AF96B6CC18D404A6E9E9
 Amount of Each Receipt this Period
 120.00

C. Mr. David Nawrocki
 Full Name (Last, First, Middle Initial)
 Mailing Address 1285 Highway 15 S
 City Fairmont State MN Zip Code 56031-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Inspector/Adjuster
 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
 04 / 20 / 2012
Transaction ID : A837006968468439BB3A
 Amount of Each Receipt this Period
 250.00

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 24 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Angela Panowicz
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3554
FEC ID number of contributing federal political committee. **C**
Name of Employer Harford Mutual Insurance Company Occupation Underwriting Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.88

Date of Receipt 04 / 05 / 2012
Transaction ID : AA536559D96E64CD980E
Amount of Each Receipt this Period 85.72

B. Ms. Angela Panowicz
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3554
FEC ID number of contributing federal political committee. **C**
Name of Employer Harford Mutual Insurance Company Occupation Underwriting Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.97

Date of Receipt 04 / 23 / 2012
Transaction ID : A792B3810E2F64C7EBD8
Amount of Each Receipt this Period 38.09

C. O. H. Parrish
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6927
City Richmond State VA Zip Code 23230-0927
FEC ID number of contributing federal political committee. **C**
Name of Employer Mutual Assurance Society of Virginia Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2012
Transaction ID : AB20880A81D4D459E8BC
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 373.81
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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 40962 Brothers Ave

City Henderson State IA Zip Code 51541-4048

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

Name of Employer Western Iowa Mutual Insurance Associat Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2012
Transaction ID : **A5504D47E21AE4513B61**

Amount of Each Receipt this Period 100.00

B. Ms. Susan Porter
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 18 / 2012
Transaction ID : **A78604533F41A46AA955**

Amount of Each Receipt this Period 250.00

C. Mr. Curt Priem
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Highway 15 S

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Loss Control

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 02 / 2012
Transaction ID : **A56A21DC2C0864C44953**

Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00

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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kevin Rall
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Vice President, Personal Lines UW & Sa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2012
Transaction ID : A4F6BE62E42A745149B4

Amount of Each Receipt this Period 500.00

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

Mailing Address 1285 Highway 15 S

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2012
Transaction ID : AF6B815C756CC44C3928

Amount of Each Receipt this Period 300.00

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt 04 / 02 / 2012
Transaction ID : AD21E17C8EAF5440A8B8

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00

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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Wayne Simmons		Date of Receipt
Mailing Address RR 1 Box 166A		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Moundsville	WV	26041-9609
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Panhandle Farmers Mutual Insurance Com	Vice President/Claims	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Mr. Steven C. Sliver CPA		Date of Receipt
Mailing Address PO Box 577		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Huntingdon	PA	16652-0577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mutual Benefit Insurance Company	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) C. Mr. John K. Smith		Date of Receipt
Mailing Address 21 Riverview Drive		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ewing	NJ	08628-2617
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pennsylvania Lumbermens Mutual Insuran	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="474.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="920.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2625 S Arlington Ridge Road

City Arlington	State VA	Zip Code 22202-2269
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : A325E7575AD6D473A868

Amount of Each Receipt this Period
43.48

B. Ms. Patricia Stifler
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation Business Development 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
04	/	23	/	2012

Transaction ID : AD653970745874262905

Amount of Each Receipt this Period
250.00

C. Mr. Paul G. Stueven PFMM
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Highway 15 S

City Fairmont	State MN	Zip Code 56031-4461
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2012

Transaction ID : AD73535F2B2E34922A1B

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	2793.48
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 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Marlene Stueven
 Full Name (Last, First, Middle Initial)
 Mailing Address 1285 Highway 15 S
 City Fairmont State MN Zip Code 56031-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Office Assistant
 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
 04 / 24 / 2012
Transaction ID : A467E5B44859C4F0CAD2
 Amount of Each Receipt this Period
 300.00

B. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation SVP of Claims, Compliance, Product Dev
 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
 04 / 06 / 2012
Transaction ID : A7D7E4846C9D74949B20
 Amount of Each Receipt this Period
 40.00

C. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation SVP of Claims, Compliance, Product Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : A067FDB5C658D42A187E
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Christopher P. Taft CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : A895206888508492B891
 Amount of Each Receipt this Period
 625.00

B. Ms. Susan K. Taggart PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68
 City Remington State IN Zip Code 47977-0068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Remington Farmers Mutual Insurance Com Occupation Company 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
 04 / 10 / 2012
Transaction ID : A1082B2D925124098BD5
 Amount of Each Receipt this Period
 250.00

C. Ms. Kathleen Tenney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1285 Highway 15 S
 City Fairmont State MN Zip Code 56031-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : A385CACB824624491B98
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
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 32 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : A65DDC837CC4482D9B6

Amount of Each Receipt this Period
 40.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : A530DC876A04D47508CB

Amount of Each Receipt this Period
 40.00

C. Ms. Joyce C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation Vice President & Secretary
--	--

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
 04 / 23 / 2012
Transaction ID : A41107B56286A402085A

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 33 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Bruce D. Thomas PFMM

Mailing Address PO Box 594

City State Zip Code
 Algona IA 50511-0594

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

Name of Employer Occupation
 Heartland Mutual Insurance Association President/CEO

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
 04 / 13 / 2012

Transaction ID : ABCB544E35C5F4B479DE

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : ACB641D65E9B24F62AF0

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
C. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : A39355A9A58A34F5A8DE

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00

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 34 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Andy Trower

Mailing Address PO Box 219

City State Zip Code
 Sublimity OR 97385-0219

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

Name of Employer Occupation
 Sublimity Insurance Company Senior Vice President, Marketing & Und

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
 04 / 10 / 2012

Transaction ID : A6BAF1AAB196543298E0

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Ms. Susan Tukul

Mailing Address 4000 Town Ctr Ste 1250

City State Zip Code
 Southfield MI 48075-1407

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

Name of Employer Occupation
 Locomotive Engineers and Conductors Mu President

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
 04 / 16 / 2012

Transaction ID : AC9DDC2D301394BA784C

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Aaron J. Valentine

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1800

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

Name of Employer Occupation
 Preferred Mutual Insurance Company Senior Vice President, Treasurer & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : A0DAFF150DE1D4FFC9D9

Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1390.00

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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Rod Walgrave
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Highway 15 S

City Fairmont State MN Zip Code 56031-4461

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Adjuster/Inspector

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 23 / 2012
Transaction ID : AA8B694592B2B4F87908

Amount of Each Receipt this Period 300.00

B. Mr. Mick Ware
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5555

City Meridian State ID Zip Code 83680-5555

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

Name of Employer United Heritage Property & Casualty In Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2012
Transaction ID : ABC933F4BF1DB4970BE3

Amount of Each Receipt this Period 250.00

C. Mr. Michael Wenos
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 129 One Mutual Court

City Edwardsville State IL Zip Code 62025-0129

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

Name of Employer Madison Mutual Insurance Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2012
Transaction ID : AEE9DBC72CF7A4CB1A25

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 36 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Richard T. Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2012
Transaction ID : A41DB04A7D2B14C6DB3F
 Amount of Each Receipt this Period 250.00

B. Mr. James W. Wilds CPCU, ARM,
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 13 / 2012
Transaction ID : A7A1285E12D244855AEF
 Amount of Each Receipt this Period 40.00

C. Mr. James W. Wilds CPCU, ARM,
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 27 / 2012
Transaction ID : AC76B405D396E4BF990B
 Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00
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 37 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. J.F. Williams III
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : ADBFB5C8340634691AE8
 Amount of Each Receipt this Period **250.00**

B. Mr. Thomas Woolley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Director-Vice Chairman-Secretary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 17 / 2012**
Transaction ID : A9C2557EB8C734606B30
 Amount of Each Receipt this Period **500.00**

C. Mr. Jerry G. Zenke PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City Houston State MN Zip Code 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mound Prairie Mutual Insurance Company Occupation General Manager/Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.99**

Date of Receipt **04 / 13 / 2012**
Transaction ID : A9822A968CBA84950817
 Amount of Each Receipt this Period **208.33**

SUBTOTAL of Receipts This Page (optional).....	958.33
TOTAL This Period (last page this line number only).....	29118.98

**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 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	09	/	2012

Transaction ID : A8B638DBA5F324BDBB4F

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Secura Insurance a Mutual Company PAC (SECURA INS PAC)

Mailing Address 2401 S. Memorial Drive

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

FEC ID number of contributing federal political committee. **C** C66666603

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : A27CB2F28568E4CCD849

Amount of Each Receipt this Period
2500.00

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

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 46
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. NAMIC Administrative Fund

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

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	20	/	2012

Transaction ID : A791422F388C341DD858

Amount of Each Receipt this Period
228.77

Reimb. of bank fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	228.77
TOTAL This Period (last page this line number only).....▶	228.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	2

Transaction ID : B7DCDC656BB4742D3985

Amount of Each Disbursement this Period

9	3	.	0	1
---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

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

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

9	3	.	0	1
---	---	---	---	---

9	3	.	0	1
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Blaine for Congress 2012

Mailing Address PO Box 125

City: Holts Summit State: MO Zip Code: 65043

Purpose of Disbursement
Primary 2012 Contribution

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President
State: MO District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : B0C17FBE25BEF4A4FAE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Continuing a Majority Party Action Committee (CAMPAC)

Mailing Address 5915 Eastman Avenue
Suite 100

City: Midland State: MI Zip Code: 48640

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : B7BCF3828BC134390878

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DAVID MCINTOSH FOR INDIANA

Mailing Address PO BOX 1314

City: ANDERSON State: IN Zip Code: 46015

Purpose of Disbursement
Political Contribution

Candidate Name

David Martin Mcintosh

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2012

Transaction ID : BCA797316B94C4617A57

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 LINDEN ROAD

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Carolyn Mccarthy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

Transaction ID : BD3208C5EB601425CA7D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Growth & Prosperity PAC

Mailing Address 831 Linwood Court

City Birmingham State AL Zip Code 35222

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

Transaction ID : BE86D5A62AA644F249EB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Huizenga for Congress

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Primary 2012 Contribution

Candidate Name

Rep. Bill Huizenga

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2012

Transaction ID : B89E4C9B50C8041CCAB9

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Jim Himes for Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
Primary 2012 Contribution

Candidate Name

Rep. James A. Himes

Office Sought: House
 Senate
 President
State: CT District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : B3ADA3E01E3544D9A8E9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
Primary 2012 Contribution

Candidate Name

Rep. Patrick T. McHenry

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : B99E795EC9E354D43851

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition Political Action Committee Aka Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : B6B1647567A3F4E10A7A

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Jay Hottinger

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: House
 Senate
 President

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

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2012

Transaction ID : BA89FF75F688B496FA8D

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dalrymple for Governor

Mailing Address PO Box 952

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2012

Transaction ID : B6919F985FD224783BBE

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Adam Hamm

Mailing Address PO Box 3043

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2012

Transaction ID : BF288A33666BD4E24841

Amount of Each Disbursement this Period

500.00

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

2250.00

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

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