

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 06 / 01 / 2017 through 06 / 30 / 2017

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 07 / 20 / 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="2017"/> | <input type="text" value="40068.36"/> | <input type="text" value="40068.36"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="82654.32"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="54631.94"/> | <input type="text" value="304119.92"/> |
| (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="137286.26"/> | <input type="text" value="344188.28"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="120757.59"/> | <input type="text" value="327659.61"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="16528.67"/> | <input type="text" value="16528.67"/> |
| 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: / / 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)..... | 39597.66 | 199175.83 |
| (ii) Unitemized | 9362.84 | 73324.23 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 48960.50 | 272500.06 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 30000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 53960.50 | 302500.06 |
| 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)..... | 667.59 | 1602.24 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 3.85 | 17.62 |
| 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)).....▶ | 54631.94 | 304119.92 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 54631.94 | 304119.92 |

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 | 257.59 | 1659.61 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 257.59 | 1659.61 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 118500.00 | 318000.00 |
| 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)..... | 2000.00 | 8000.00 |
| 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)) .. | 120757.59 | 327659.61 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 120757.59 | 327659.61 |

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) | 53960.50 | 302500.06 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 53960.50 | 302500.06 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 257.59 | 1659.61 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 667.59 | 1602.24 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | - 410.00 | 57.37 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 117 |
| | <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. 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 ▼
425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : ACF097B61469F4EB2885

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 ▼
510.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A5E328495A35F439CBCD

Amount of Each Receipt this Period
85.00

Memo Item

C. Albert, Todd, E., 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) Chief Information Officer |
|--|--|

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 |
| 06 | / | 12 | / | 2017 |

Transaction ID : AD34D9DAB3B4D44049AB

Amount of Each Receipt this Period
40.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| 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 117 |
| | <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. 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 Insurance Company | Occupation (for Individual) Executive Vice President & CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 02 | | 2017 |

Transaction ID : A9124D812174140C281C

Amount of Each Receipt this Period
100.00

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 ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 09 | | 2017 |

Transaction ID : AA3353244A6BF48A9B75

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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 21 | | 2017 |

Transaction ID : A4775599E8A924F9B9ED

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 8 OF 117 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
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, Corporate Affai |
|---|---|

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 |
| 06 | / | 12 | / | 2017 |

Transaction ID : A699B1171CC8A4BA5A49

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, Corporate Affai |
|---|---|

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 |
| 06 | / | 27 | / | 2017 |

Transaction ID : A772AA0F6162E43B5BA3

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 ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 09 | / | 2017 |

Transaction ID : AC7B90E1A89024190A4B

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 117 |
| <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. 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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 21 | / | 2017 |

Transaction ID : A59F85527D58B48C2B78

Amount of Each Receipt this Period
20.00

Memo Item

B. 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 ▼
375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A855628AE9F7748FCAE1

Amount of Each Receipt this Period
75.00

Memo Item

C. 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 ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A0E5C24B328FF4C18BAB

Amount of Each Receipt this Period
75.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 170.00 |
| 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 117 |
| | <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. Ashton, Laura Grace, , Ms.,
 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 20001-6703
 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 ▼ 500.00

Date of Receipt 06 / 12 / 2017
Transaction ID : AF8BD251A84B04E3DB38
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Ashton, Laura Grace, , Ms.,
 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 20001-6703
 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 ▼ 520.00

Date of Receipt 06 / 27 / 2017
Transaction ID : AF69403C50FCE4B06996
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Ayotte, Lisa, 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) Assistant Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 05 / 2017
Transaction ID : AC82FB0A648B549BB813
 Amount of Each Receipt this Period 42.00
 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 11 OF 117 |
| <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. Ayotte, Lisa, 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) Assistant Vice President |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
06 / 29 / 2017
Transaction ID : A1EBB3B6A28C148CB834

Amount of Each Receipt this Period
42.00

Memo Item

B. Babiak, Joseph, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 E Woodlawn Ave

| | | |
|------------------|-------------|------------------------|
| City Hastings | State MI | Zip Code 49058-1005 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 27 / 2017
Transaction ID : A014CC07BE7F84D52A7C

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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 ▼
300.00

Date of Receipt
06 / 05 / 2017
Transaction ID : A4DBBF72DC696414CBEB

Amount of Each Receipt this Period
60.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1102.00 |
| 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 117 |
| | <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. 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 ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A4B6C9677EE0B4D55828

Amount of Each Receipt this Period
60.00

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 ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A6CB87098514B4CD8895

Amount of Each Receipt this Period
35.00

Memo Item

C. Beach, Thomas, 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) Pennsylvania Lumbermens Mutual Insuran | Occupation (for Individual) 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 |
| 06 | | 07 | | 2017 |

Transaction ID : AB30F027B10434596B28

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1095.00 |
| 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 117 |
| | <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. 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 ▼ 399.96

Date of Receipt 06 / 12 / 2017
Transaction ID : A5258B70D404843ADA55
 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 ▼ 1276.00

Date of Receipt 06 / 02 / 2017
Transaction ID : AE308E4EF878D480FBFB
 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 ▼ 1392.00

Date of Receipt 06 / 16 / 2017
Transaction ID : A3F50440E2EAD407EA67
 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 14 OF 117 |
| | <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. 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 ▼
1508.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2017 |

Transaction ID : ABC2599ED5512439BB8D

Amount of Each Receipt this Period
116.00

Memo Item

B. Bissette, W., A., ,
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) 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 |
| 06 | | 07 | | 2017 |

Transaction ID : A1986772CA177460A9C3

Amount of Each Receipt this Period
1000.00

Memo Item

C. Boyd, Stephen, F., 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) 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 |
| 06 | | 07 | | 2017 |

Transaction ID : AA06AA0CA52354A3D9C7

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2116.00 |
| 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 15 OF 117 |
| <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. Brooks, Rod, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 Dexter Ave N

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98109-3571 |
|-----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) PEMCO Mutual Insurance Company | Occupation (for Individual) Vice President-Chief Marketing Officer |
|---|---|

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 |
| 06 | / | 01 | / | 2017 |

Transaction ID : A9FC0B134463A4F7B91A

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A87ADD9DAAAF349C29AD

Amount of Each Receipt this Period
42.00

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 ▼
252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : ABD5EE0CAB6964E239B6

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 334.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 OF 117 (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Butler, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Nevada General Insurance Company | Occupation (for Individual) Executive Vice President |
|---|---|

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
 06 / 05 / 2017

Transaction ID : A72F0634F823640F0A76

Amount of Each Receipt this Period
10.00

Memo Item

B. Butler, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Nevada General Insurance Company | Occupation (for Individual) Executive 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
 06 / 15 / 2017

Transaction ID : A9E22F6C4EC7F41459EC

Amount of Each Receipt this Period
10.00

Memo Item

C. Butler, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Nevada General Insurance Company | Occupation (for Individual) Executive Vice President |
|---|---|

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
 06 / 26 / 2017

Transaction ID : A51EB362E095245AF961

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 17 OF 117 |
| | <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. Callahan, Timothy, , ,
 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : AE5A28DB333B44F03B54
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Carlson, Jared, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 375.00

Date of Receipt 06 / 16 / 2017
Transaction ID : AF4E73D5337214CE88A1
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 208.30

Date of Receipt 06 / 09 / 2017
Transaction ID : AD7E2CD355B3C4353B87
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1070.83
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 117 |
| | <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. 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 ▼
229.13

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 22 | / | 2017 |

Transaction ID : A82BB26E5364A4397A3A

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Director of Claim Operations |
|---|---|

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 |
| 06 | / | 05 | / | 2017 |

Transaction ID : A2E4A32EF3D3140E1870

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Director of Claim Operations |
|---|---|

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 |
| 06 | / | 15 | / | 2017 |

Transaction ID : A34559B8599E84D11B0F

Amount of Each Receipt this Period
10.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 40.83 |
| 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 117 |
| <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. Cavanagh, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Director of Claim Operations |
|---|---|

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 |
| 06 | / | 26 | / | 2017 |

Transaction ID : AB86DBD92F60A4EA799C

Amount of Each Receipt this Period
10.00

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 ▼
1566.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A6A2CA39EE4B342D7B59

Amount of Each Receipt this Period
252.00

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 ▼
1818.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : A924E9E2B4B1C424696D

Amount of Each Receipt this Period
252.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 514.00 |
| 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 117 |
| | <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. 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 ▼ 210.00

Date of Receipt 06 / 29 / 2017
Transaction ID : AC990EC52F12749588D6
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Clark, Patrick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Richmond Hill Dr
 City Sparta State NJ Zip Code 07871-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford Steam Boiler Inspection and I Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 08 / 2017
Transaction ID : AB9B0215C85BB42FE98F
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Clark, Patrick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Richmond Hill Dr
 City Sparta State NJ Zip Code 07871-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartford Steam Boiler Inspection and I Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 20 / 2017
Transaction ID : AB83BA41681D241FE80F
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 203.00 |
| 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 117 |
| | <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. 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 ▼
507.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 12 | | 2017 |

Transaction ID : AD4A8DAC242044BF587B

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 ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A3660801DE964445F8F3

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 ▼
252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A3F2EE560F62742BF908

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 22 OF 117 |
| <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. Combs, Chad, , 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, Personal Lin |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 |

Date of Receipt
MM / DD / YYYY
06 / 22 / 2017
Transaction ID : A087552193E404857802

Amount of Each Receipt this Period
250.00

Memo Item

B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.00 |

Date of Receipt
MM / DD / YYYY
06 / 29 / 2017
Transaction ID : ACDEC970FB1284E4788E

Amount of Each Receipt this Period
35.00

Memo Item

C. DeArment, Dan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 500 E Pitt St

| | | |
|---|-------------|--|
| City Bedford | State PA | Zip Code 15522-1444 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 1450.00 |

Date of Receipt
MM / DD / YYYY
06 / 08 / 2017
Transaction ID : A97C9156FE07E4D46926

Amount of Each Receipt this Period
350.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 635.00 |
| 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 117 |
| | <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. DeArment, Dan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 E Pitt St

| | | |
|-----------------|-------------|------------------------|
| City Bedford | State PA | Zip Code 15522-1444 |
|-----------------|-------------|------------------------|

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 ▼
1800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 20 | | 2017 |

Transaction ID : AFF4D01D7F4AE4E80AB5

Amount of Each Receipt this Period
350.00

Memo Item

B. Decarlo, Anthony, , 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) 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 |
| 06 | | 07 | | 2017 |

Transaction ID : A029228F47ABD4315AFB

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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 ▼
1250.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 08 | | 2017 |

Transaction ID : AED0446DEAF144023BA9

Amount of Each Receipt this Period
208.34

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1558.34 |
| 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 24 OF 117 |
| | <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. 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 ▼
1350.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A635363BAA1A54A278A2

Amount of Each Receipt this Period
100.00

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 - Research |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
521.76

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A68CB36EA993E439B932

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 - Research |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
565.24

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : A5E318B4F33484D0FB3A

Amount of Each Receipt this Period
43.48

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 186.96 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 117 |
| | <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. Dockendorf, Rich, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5350 W 78th St

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55439-3101 |
|---------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Commerical Lines 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 |
| 06 | | 05 | | 2017 |

Transaction ID : AA29B68097AC94B64AE6

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5350 W 78th St

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55439-3101 |
|---------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Commerical Lines 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 |
| 06 | | 15 | | 2017 |

Transaction ID : A15F57F069FE64288BF

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5350 W 78th St

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55439-3101 |
|---------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Commerical Lines 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 |
| 06 | | 26 | | 2017 |

Transaction ID : A39773A132722442D9DA

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 26 OF 117 |
| | <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. Doswell, Mary, , 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) 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 |
| 06 | / | 16 | / | 2017 |

Transaction ID : ACC143E53B1AB4498B49

Amount of Each Receipt this Period
250.00

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 ▼
416.65

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A18BEF1D0BA094779A60

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 ▼
499.98

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A991181013CDA4E5F85C

Amount of Each Receipt this Period
83.33

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 416.66 |
| 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 27 OF 117 |
| | <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. 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 / General Coun |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A7CE8A33CB6FE4A7DA3E

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 / General Coun |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.08

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : A67EB2E546C374F7A81C

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 ▼
847.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 02 | / | 2017 |

Transaction ID : AC7A7615F856048E5AB2

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: (check only one) | PAGE 28 OF 117 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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 ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 16 | | 2017 |

Transaction ID : AC981B3ADC98C4E1086F

Amount of Each Receipt this Period
77.00

Memo Item

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

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 ▼
1001.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2017 |

Transaction ID : A75D939039C8440CBA03

Amount of Each Receipt this Period
77.00

Memo Item

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

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A6CC3C562ECFE44968C6

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 254.00 |
| 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 117 |
| | <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. 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 ▼
600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : ACA9AABD709F9403A96A

Amount of Each Receipt this Period
100.00

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 ▼
480.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 09 | | 2017 |

Transaction ID : A2DBEF3C59A36436686C

Amount of Each Receipt this Period
40.00

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 ▼
520.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 21 | | 2017 |

Transaction ID : A60294133615D408F9B1

Amount of Each Receipt this Period
40.00

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 30 OF 117 |
| | <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. Fechtel, Bernard, , 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 ▼
1100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 26 | / | 2017 |

Transaction ID : A7734EDA4490948E58BA

Amount of Each Receipt this Period
1100.00

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 ▼
275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 02 | / | 2017 |

Transaction ID : A8AA10EC9C22B4E8D8FB

Amount of Each Receipt this Period
25.00

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 16 | / | 2017 |

Transaction ID : A810210F42ABC4DA7B2A

Amount of Each Receipt this Period
25.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1150.00 |
| 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 117 |
| | <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. 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 ▼
425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A062B108C2AC342568AC

Amount of Each Receipt this Period
85.00

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 ▼
510.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A8344C9CFED144BAD881

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 222 E Park St
Ste 200

| | | |
|----------------------|-------------|------------------------|
| City Edwardsville | State IL | Zip Code 62025-2095 |
|----------------------|-------------|------------------------|

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 ▼
208.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 01 | | 2017 |

Transaction ID : A19467017C8184C0A830

Amount of Each Receipt this Period
41.68

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 211.68 |
| 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 117 |
| | <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. Fromme, Cally, , ,
 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) 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
 06 / 07 / 2017
Transaction ID : AF624B47A1E4F4C1AB4C
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Fullenkamp, Philip, M., 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) Celina Mutual Insurance Company Occupation (for Individual) Senior Vice President - CFO and Treas
 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
 06 / 02 / 2017
Transaction ID : A87D217B3804546AEA44
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Gerding, Robert, , 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2017
Transaction ID : A17A63EFA7273441687A
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 117 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. Gervino, Gina, , 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) Vice President/Secretary & General Co |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 26 | | 2017 |

Transaction ID : AA8BD5AFB166D4E59BEE

Amount of Each Receipt this Period
750.00

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 ▼
423.17

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 02 | | 2017 |

Transaction ID : A3A9D0A6BCC4E4844814

Amount of Each Receipt this Period
38.47

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 ▼
461.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 16 | | 2017 |

Transaction ID : A1A24DAAD7060461987C

Amount of Each Receipt this Period
38.47

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 826.94 |
| 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 34 OF 117 |
| | <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. 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 ▼
500.11

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2017 |

Transaction ID : AFB06A4880E884702A5D

Amount of Each Receipt this Period
38.47

Memo Item

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

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 (for Individual) Harford Mutual Insurance Company | Occupation (for Individual) Assistant Vice President Underwriting |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 26 | / | 2017 |

Transaction ID : A9B17DE32F7A24999852

Amount of Each Receipt this Period
41.66

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 20001-6703 |
|--------------------|-------------|------------------------|

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, Government Affa |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1363.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A3F5CDFC9E1FE4B95BE8

Amount of Each Receipt this Period
113.64

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 193.77 |
| 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 117 |
| | <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. 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 20001-6703 |
|--------------------|-------------|------------------------|

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, Government Affa |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1477.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : AD363D97570DF4340BF2

Amount of Each Receipt this Period
113.64

Memo Item

B. Greenwald, Jeffrey, , 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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 26 | / | 2017 |

Transaction ID : AA7E2345946C24BB1B0C

Amount of Each Receipt this Period
1000.00

Memo Item

C. Gregg, John, , ,
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) Celina 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 |
| 06 | / | 26 | / | 2017 |

Transaction ID : A46472732470A4754BA6

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1363.64 |
| 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 36 OF 117 |
| <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. 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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A1C99221F75E545A3B35

Amount of Each Receipt this Period
20.00

Memo Item

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

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 (for Individual) Mound Prairie Mutual Insurance Company | Occupation (for Individual) Board 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 |
| 06 | / | 21 | / | 2017 |

Transaction ID : ACD1FA5B6A6334A249BC

Amount of Each Receipt this Period
250.00

Memo Item

C. 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 ▼
250.02

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : ADD0A3D7F366C47FBB3C

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 311.67 |
| 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 37 OF 117 |
| <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. 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 ▼
220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 07 | | 2017 |

Transaction ID : A2D2034DB844C4B95B9E

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 ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A14C97EE77D8949E2894

Amount of Each Receipt this Period
40.00

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) Norfolk & Dedham Mutual Fire Insurance | Occupation (for Individual) Assistant Division Manager, Casualty 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 |
| 06 | | 09 | | 2017 |

Transaction ID : AD6E3459DFC0944E98F3

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 38 OF 117 |
| | <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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2017
Transaction ID : AF5CDDAA102F14B97A99
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. 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) Occupation (for Individual)
 Rockford Mutual Insurance Company Vice President, Marketing & Sales
 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
 06 / 07 / 2017
Transaction ID : AD47089CDF33E44F6B78
 Amount of Each Receipt this Period
 40.00
 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) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : A2EFFE9A439B248A7A6A
 Amount of Each Receipt this Period
 38.46
 Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 98.46 |
| 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: (check only one) | PAGE 39 OF 117 |
| <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. 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 21 / 2017
Transaction ID : A766DCFCFD68341EF9BD
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Heister, A. Michael, , 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A47768DE81F9240C8BB1
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hirschhorn, George, , ,
 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) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : ABAB14C863F1749CCAB6
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1288.46 |
| 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: (check only one) | PAGE 40 OF 117 |
| <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. Hongerholt, Vicki, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mound Prairie Mutual Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2017
Transaction ID : A0A2F64CE8F064282AEB
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Huff, Andrew, , 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 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 06 / 12 / 2017
Transaction ID : A8EAD3FEFFBFF34AE6A37
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Huff, Andrew, , 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 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 06 / 27 / 2017
Transaction ID : A40218E6DA95144228DD
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 326.92 |
| 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 41 OF 117 |
| | <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. Hyland, Patrick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5350 W 78th St

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55439-3101 |
|---------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | 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 |
| 06 | | 05 | | 2017 |

Transaction ID : AF96A987A1CC64E6FB4A

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5350 W 78th St

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55439-3101 |
|---------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Product 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 |
| 06 | | 15 | | 2017 |

Transaction ID : A68A8E103F8B0447CB0B

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 5350 W 78th St

| | | |
|---------------|-------------|------------------------|
| City Edina | State MN | Zip Code 55439-3101 |
|---------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Product 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 |
| 06 | | 26 | | 2017 |

Transaction ID : A562D5737CEBA46D58A7

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 42 OF 117 |
| <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. 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 ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : AB3E423253F4F428B9FB

Amount of Each Receipt this Period
20.00

Memo Item

B. 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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : AB1E122778C774BEC9A3

Amount of Each Receipt this Period
20.00

Memo Item

C. 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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A2F9258068D764C18BD6

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 43 OF 117 |
| | <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. 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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A8A1C83821EB1421DAF0

Amount of Each Receipt this Period
50.00

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : AB7E4EA6504BC4DFB8CB

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 20001-6703 |
|--------------------|-------------|------------------------|

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 ▼
545.52

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 12 | | 2017 |

Transaction ID : A856A6C60DA35423D80B

Amount of Each Receipt this Period
45.46

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 145.46 |
| 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: (check only one) | PAGE 44 OF 117 |
| | <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. 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 20001-6703
 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 ▼ 590.98

Date of Receipt 06 / 27 / 2017
Transaction ID : A86A825E3E0AF4211B40
 Amount of Each Receipt this Period 45.46
 Memo Item

B. Kellner, Frank, P., Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Vice President, Claims & Corporate Se
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 06 / 26 / 2017
Transaction ID : AB2C02EB795924F5AA32
 Amount of Each Receipt this Period 41.66
 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 ▼ 429.00

Date of Receipt 06 / 02 / 2017
Transaction ID : AB41669C2DD17463B9BA
 Amount of Each Receipt this Period 39.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 126.12 |
| 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: (check only one) | PAGE 45 OF 117 |
| | <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. 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 ▼
468.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 16 | | 2017 |

Transaction ID : A648ED89F83EB4782979

Amount of Each Receipt this Period
39.00

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 ▼
507.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2017 |

Transaction ID : AA38B1A7631A14AA6ADF

Amount of Each Receipt this Period
39.00

Memo Item

C. Kendall, Mark, , 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 Chief Counsel |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 09 | | 2017 |

Transaction ID : ACE299B32415848C6ACF

Amount of Each Receipt this Period
20.83

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 98.83 |
| 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 117 |
| | <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. Kendall, Mark, , 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 Chief Counsel |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 22 | / | 2017 |

Transaction ID : AF89EB9DD51D34076B40

Amount of Each Receipt this Period
20.83

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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A088B3C34EF1D42DCB3C

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A5C39969C1FD649F6965

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.83 |
| 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 117 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Klopfenstein, Kraig, T., Mr.,

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 ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : AC9FDA6C15B894D17A29

Amount of Each Receipt this Period
80.00

Memo Item

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

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 ▼
480.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : ACDCB3C64AE4F457EAC5

Amount of Each Receipt this Period
80.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Klug, Kelly, J., ,

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) Senior Vice President & CFO |
|--|--|

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 |
| 06 | / | 26 | / | 2017 |

Transaction ID : A3B5D70E8A81F40B1B6A

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 660.00 |
| 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 117 |
| | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knudsen, Andrew, , Mr.,

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 ▼
429.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 02 | / | 2017 |

Transaction ID : A98DFD064E5B04F87A33

Amount of Each Receipt this Period
39.00

Memo Item

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

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 ▼
468.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 16 | / | 2017 |

Transaction ID : A7F691CA969A04D75919

Amount of Each Receipt this Period
39.00

Memo Item

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

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 ▼
507.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2017 |

Transaction ID : ABBD1FF58072B44BE975

Amount of Each Receipt this Period
39.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 117 |
| | <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. Kohlmeier, Leroy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14879 Prairie Ridge Rd
 City Caledonia State MN Zip Code 55921-2749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mound Prairie Mutual Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2017
Transaction ID : ABA1C3C4680664F5D8C2
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kroiz, Harvey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Roscommon Rd
 City Bryn Mawr State PA Zip Code 19010-1844
 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 ▼ 1000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : AAD7588A161314E25869
 Amount of Each Receipt this Period 1000.00
 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 ▼ 210.00

Date of Receipt 06 / 29 / 2017
Transaction ID : AA991EA895F5244C9BA8
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1285.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 50 OF 117 |
| <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. 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 ▼
235.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 02 | / | 2017 |

Transaction ID : ABDFFD11B5D464202B4A

Amount of Each Receipt this Period
40.00

Memo Item

B. LeBlanc, Michael, , 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) 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 |
| 06 | / | 26 | / | 2017 |

Transaction ID : ABED92B88007A42B8B08

Amount of Each Receipt this Period
300.00

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 ▼
250.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A254833143D5242FA904

Amount of Each Receipt this Period
41.66

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 381.66 |
| 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 51 OF 117 |
| | <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. Linkous, Steven, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Harford Mutual Insurance Company | Occupation (for Individual) President & CEO |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1465.24

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 26 | | 2017 |

Transaction ID : A2673C1E2B580422D9C0

Amount of Each Receipt this Period
209.32

Memo Item

B. Lopilato, Kathleen, , 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 Attorney |
|--|--|

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 |
| 06 | | 29 | | 2017 |

Transaction ID : A6E82B851C8DB4EA8A2E

Amount of Each Receipt this Period
60.00

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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A7559A6CF0F6C499597A

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 319.32 |
| 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: (check only one) | PAGE 52 OF 117 |
| | <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. 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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A5B4D872D38874FFE8FF

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 819

| | | |
|------------------|-------------|------------------------|
| City Appleton | State WI | Zip Code 54912-0819 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) SECURA Insurance, A Mutual Company | Occupation (for Individual) IT Director |
|---|--|

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 |
| 06 | | 02 | | 2017 |

Transaction ID : AFB1B04FFEE0D4AE99A8

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO Box 819

| | | |
|------------------|-------------|------------------------|
| City Appleton | State WI | Zip Code 54912-0819 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) SECURA Insurance, A Mutual Company | Occupation (for Individual) IT Director |
|---|--|

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 |
| 06 | | 16 | | 2017 |

Transaction ID : A8B1CA5173DC9400A848

Amount of Each Receipt this Period
20.00

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| 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 53 OF 117 |
| | <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. 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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A3FDD70D89A9F488BB75

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 ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A9157B7A6DA9A4DCFB62

Amount of Each Receipt this Period
100.00

Memo Item

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

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 (for Individual) Harford Mutual Insurance Company | Occupation (for Individual) CFO |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
583.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 26 | | 2017 |

Transaction ID : A8108AA9F3C4E4D738F0

Amount of Each Receipt this Period
83.34

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 283.34 |
| 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 54 OF 117 |
| | <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. Matteson, Stacey, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 C St
300

City Anchorage State AK Zip Code 99503-3913

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

Name of Employer (for Individual) Umialik Insurance Company Occupation (for Individual) Director of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 05 / 2017
Transaction ID : A2E87F205D1D747BDB8E

Amount of Each Receipt this Period 25.00

Memo Item

B. Matteson, Stacey, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 C St
300

City Anchorage State AK Zip Code 99503-3913

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

Name of Employer (for Individual) Umialik Insurance Company Occupation (for Individual) Director of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 15 / 2017
Transaction ID : AE604B22C53E8438AB32

Amount of Each Receipt this Period 25.00

Memo Item

C. Matteson, Stacey, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 C St
300

City Anchorage State AK Zip Code 99503-3913

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

Name of Employer (for Individual) Umialik Insurance Company Occupation (for Individual) Director of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 26 / 2017
Transaction ID : AAC7198A87738499DB4D

Amount of Each Receipt this Period 25.00

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 55 OF 117 |
| | <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. 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 ▼
423.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 02 | / | 2017 |

Transaction ID : A7836764D122440FD97A

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 ▼
461.52

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 16 | / | 2017 |

Transaction ID : AB50DAF5F894049D69D6

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 ▼
499.98

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2017 |

Transaction ID : AA17D92E32F8C4B458BA

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 56 OF 117 |
| | <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. 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 ▼
375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A11255B35DC9843F89DC

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 ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : AC577F622152B4A918FC

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 ▼
423.94

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 02 | | 2017 |

Transaction ID : A988A336F26204990AE7

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 57 OF 117 |
| | <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. 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 ▼
462.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 16 | | 2017 |

Transaction ID : A294656B74E284FEB846

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 ▼
501.02

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2017 |

Transaction ID : A7B748553AB04D51A30

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 ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : AEFEC5044F0D646D6B84

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: (check only one) | PAGE 58 OF 117 |
| | <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. 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 ▼ 252.00

Date of Receipt 06 / 29 / 2017
Transaction ID : ADADA8B1B89D4428DBE!
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Meyers, William, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 608
 City Frederick State MD Zip Code 21705-0608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : A5CDADFAC9BAE4585A77
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Michael, Scott, A., 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) Assistant Vice President - Commercial
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2017
Transaction ID : A12553D00EB874FFD983
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1092.00 |
| 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 117 |
| | <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. 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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : ACBC13EC415154716BA7

Amount of Each Receipt this Period
50.00

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 ▼
480.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : AED02DF9CF48C4075B2B

Amount of Each Receipt this Period
40.00

Memo Item

C. Montgomery, William, W., 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) Celina Mutual Insurance Company | Occupation (for Individual) Chairman, 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 |
| 06 | / | 02 | / | 2017 |

Transaction ID : A3781021987BD4BF2AC5

Amount of Each Receipt this Period
250.00

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 60 OF 117 |
| | <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. 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 ▼
340.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : AABE5303090AD4CC1B61

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 ▼
425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A5165792CF9914A1CAD8

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) President & CEO |
|---|--|

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 |
| 06 | | 09 | | 2017 |

Transaction ID : A39B2624FF7E4445CAAF

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 61 OF 117 |
| | <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. 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) President & CEO |
|---|--|

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 |
| 06 | / | 21 | / | 2017 |

Transaction ID : A51B6FC70602D4E43BF5

Amount of Each Receipt this Period
20.00

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 ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 02 | / | 2017 |

Transaction ID : A0AF20E93598D44EE95B

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 08 | / | 2017 |

Transaction ID : A59AF244E85884FE2B68

Amount of Each Receipt this Period
100.00

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 62 OF 117 |
| | <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. Peterson, C. 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) 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 |
| 06 | | 07 | | 2017 |

Transaction ID : AE34A269DCB1F4862BA1

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 ▼
333.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A56877B988A9C4F6AA34

Amount of Each Receipt this Period
83.33

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 ▼
416.65

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : AD66B1CA4518D41338F8

Amount of Each Receipt this Period
83.33

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1166.66 |
| 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 63 OF 117 |
| | <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. 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 ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A346FDCC21A2D42CFA36

Amount of Each Receipt this Period
90.00

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 ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : ADECED6B8146541A5BC0

Amount of Each Receipt this Period
90.00

Memo Item

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

Mailing Address 20535 434th Ave

| | | |
|-----------------|-------------|------------------------|
| City De Smet | State SD | Zip Code 57231-5817 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) De Smet Farm Mutual Insurance Company | Occupation (for Individual) General Manager |
|--|--|

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 |
| 06 | | 06 | | 2017 |

Transaction ID : AE55572F8BB654FCE9E4

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1180.00 |
| 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 64 OF 117 |
| <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. Porter, Susan, , 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) 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 |
| 06 | / | 09 | / | 2017 |

Transaction ID : A74EACEC392BF42CBB79

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 404 E Woodlawn Ave

| | | |
|------------------|-------------|------------------------|
| City Hastings | State MI | Zip Code 49058-1005 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Hastings Mutual Insurance Company | Occupation (for Individual) Vice President, General 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 |
| 06 | / | 26 | / | 2017 |

Transaction ID : AD7035578C59F4168A23

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 404 E Woodlawn Ave

| | | |
|------------------|-------------|------------------------|
| City Hastings | State MI | Zip Code 49058-1005 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Hastings Mutual Insurance Company | Occupation (for Individual) Vice President, General Counsel |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 28 | / | 2017 |

Transaction ID : AD8902BDDA25F4232A84

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| 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 65 OF 117 |
| <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. 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 ▼
333.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A82B4927996634399B71

Amount of Each Receipt this Period
83.33

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 ▼
416.65

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A9A2B7495AE3F4B78AA4

Amount of Each Receipt this Period
83.33

Memo Item

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

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 (for Individual) Harford Mutual Insurance Company | Occupation (for Individual) Vice President of Marketing and Busine |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.62

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 26 | / | 2017 |

Transaction ID : ADC25F6D3532945699D9

Amount of Each Receipt this Period
41.66

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 208.32 |
| 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: (check only one) | PAGE 66 OF 117 |
| <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. Saxton, Michael, , 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 ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : ACCE9AC41921142F89E3

Amount of Each Receipt this Period
35.00

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 ▼
555.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 09 | / | 2017 |

Transaction ID : A200A1DA375354488A1E

Amount of Each Receipt this Period
40.00

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 ▼
555.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 09 | / | 2017 |

Transaction ID : AC4D72602CD6E4710888

Amount of Each Receipt this Period
40.00

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 67 OF 117 |
| | <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. 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 ▼
595.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 23 | / | 2017 |

Transaction ID : A68D77524A53C45C8844

Amount of Each Receipt this Period
40.00

Memo Item

B. Schmittlein, Marc, E., 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) President & CEO |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1145.87

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 09 | / | 2017 |

Transaction ID : A43F70EA080D74A9B9C2

Amount of Each Receipt this Period
104.17

Memo Item

C. Schmittlein, Marc, E., 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) President & CEO |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 22 | / | 2017 |

Transaction ID : AC56D1BA7B98449A1829

Amount of Each Receipt this Period
104.17

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 248.34 |
| 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 68 OF 117 |
| | <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. 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 ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : AC2B3B752B17741ECBDE

Amount of Each Receipt this Period
150.00

Memo Item

B. 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 ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A400B6C22CECF4FCEA3B

Amount of Each Receipt this Period
150.00

Memo Item

C. Schuster, Betty, , 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) Director |
|--|---|

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 |
| 06 | / | 26 | / | 2017 |

Transaction ID : A137DCD130EEC418E91A

Amount of Each Receipt this Period
600.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 69 OF 117 |
| | <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. Senseman, Phyllis, , 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 Marketing and Communi |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 09 | | 2017 |

Transaction ID : A2AE84AA4EE0E4641AD3

Amount of Each Receipt this Period
20.83

Memo Item

B. Senseman, Phyllis, , 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 Marketing and Communi |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 22 | | 2017 |

Transaction ID : A43259D07022647C4ACF

Amount of Each Receipt this Period
20.83

Memo Item

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

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 (for Individual) Harford Mutual Insurance Company | Occupation (for Individual) Director of Underwriting |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
341.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 26 | | 2017 |

Transaction ID : AD1F7FF6BB6F44B4A8E5

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 91.66 |
| 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 70 OF 117 |
| | <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. 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 ▼
429.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 07 | / | 2017 |

Transaction ID : AE2565C0BE54D44F7B51

Amount of Each Receipt this Period
78.00

Memo Item

B. 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 |
| 06 | / | 05 | / | 2017 |

Transaction ID : AB03F2ED026544B76BFA

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : AD9A11670714E6EB10

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| 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: (check only one) | PAGE 71 OF 117 |
| | <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. Shoenfelt, Robert, , 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) Celina Mutual Insurance Company | Occupation (for Individual) Senior Vice President, CIO & Marketing |
|--|---|

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 |
| 06 | | 08 | | 2017 |

Transaction ID : A1DCF9310852340CAB00

Amount of Each Receipt this Period
250.00

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 ▼
2140.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 07 | | 2017 |

Transaction ID : AE6AB850A299942CA9C1

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 555 College Rd E

| | | |
|-------------------|-------------|------------------------|
| City Princeton | State NJ | Zip Code 08540-6616 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Munich Reinsurance America, Inc. | Occupation (for Individual) Information Requested |
|---|--|

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 |
| 06 | | 29 | | 2017 |

Transaction ID : A39F50CCCC3A54BE2A7C

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 117 |
| | <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. 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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A2AE1027EC9284986B57

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : AEFDFA336C709450592C

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) Senior Vice President, Member Develop |
|---|--|

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 |
| 06 | | 12 | | 2017 |

Transaction ID : A6FA98727B95C44D385F

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 73 OF 117 |
| | <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. 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) Senior Vice President, Member Develop
 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
 06 / 27 / 2017
Transaction ID : AA5388294949C4F4B8E4
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2017
Transaction ID : A3F8EDC3813E5427B9F1
 Amount of Each Receipt this Period
 50.00
 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 ▼ 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2017
Transaction ID : A874DCC68610D45F58BF
 Amount of Each Receipt this Period
 96.15
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 166.15 |
| 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 74 OF 117 |
| | <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. 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 ▼
1249.95

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : A0701E82CC2704D24A82

Amount of Each Receipt this Period
96.15

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 ▼
1449.95

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : AAECF61B2C8A14332BE5

Amount of Each Receipt this Period
200.00

Memo Item

C. 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 |
|---|--|

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 |
| 06 | / | 12 | / | 2017 |

Transaction ID : AFE7FF1264D554265949

Amount of Each Receipt this Period
40.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 336.15 |
| 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 75 OF 117 |
| | <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. 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 |
|---|--|

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 |
| 06 | | 27 | | 2017 |

Transaction ID : AD6F39441F1314147A09

Amount of Each Receipt this Period
40.00

Memo Item

B. Taggart, Susan, K., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual of Indiana Insurance Company | Occupation (for Individual) CEO |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 12 | | 2017 |

Transaction ID : A501D1278295B4222B17

Amount of Each Receipt this Period
75.00

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 ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A8CA1D4962B8C4CC9A2D

Amount of Each Receipt this Period
100.00

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 76 OF 117 |
| <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. 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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A42C88B183C864DD7852

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 ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : AA0A661024E39417EAC8

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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 27 | / | 2017 |

Transaction ID : AB24E55CA9451456DB30

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 77 OF 117 |
| <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. 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 ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : AE78915F23715424695C

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 ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A040F0849C923414FAAA

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 ▼
480.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A4FE14B94EF3243B78C0

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 78 OF 117 |
| | <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. 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 ▼
520.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 27 | | 2017 |

Transaction ID : AA7C5FE426CD04C138D7

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 ▼
575.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 08 | | 2017 |

Transaction ID : AFB810B4E27D407EBB7

Amount of Each Receipt this Period
100.00

Memo Item

C. 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 ▼
675.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 20 | | 2017 |

Transaction ID : A651378A4292B4509BEA

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 240.00 |
| 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 79 OF 117 |
| <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. 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 ▼
1300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 12 | | 2017 |

Transaction ID : ADBEC27EDF88743EC9D3

Amount of Each Receipt this Period
200.00

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 ▼
240.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 09 | | 2017 |

Transaction ID : AF7F16710514243A9A09

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 ▼
260.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 21 | | 2017 |

Transaction ID : A20300E8EE2EB494B8E5

Amount of Each Receipt this Period
20.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 240.00 |
| 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 80 OF 117 |
| | <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. Tully, Dwight, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2180

| | | |
|----------------|-------------|------------------------|
| City Salina | State KS | Zip Code 67402-2180 |
|----------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Columbia Mutual Insurance Company | Occupation (for Individual) 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 |
| 06 | | 26 | | 2017 |

Transaction ID : A75B3D84C25634F83928

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : A974096066D1D4549AAA

Amount of Each Receipt this Period
55.00

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 ▼
330.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : AD2BD85865FD3431A966

Amount of Each Receipt this Period
55.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 360.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 117 |
| | <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. 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 ▼
520.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2017 |

Transaction ID : A0EFBCC0609474D049C6

Amount of Each Receipt this Period
40.00

Memo Item

B. 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 ▼
336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 05 | / | 2017 |

Transaction ID : A796F725CE3974842954

Amount of Each Receipt this Period
84.00

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 ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A69EC79B9616340A8B27

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 208.00 |
| 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 117 |
| <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. Ware, Mick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) United Heritage Property and Casualty | Occupation (for Individual) President & CEO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : AD0E0A4550F2447679B4

Amount of Each Receipt this Period
200.00

Memo Item

B. Weaver, David, 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) Information Requested |
|--|--|

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 |
| 06 | / | 27 | / | 2017 |

Transaction ID : A8916041E501C48359C9

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 500 US Highway 77A S

| | | |
|----------------|-------------|------------------------|
| City Yoakum | State TX | Zip Code 77995-1318 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Hochheim Prairie Farm Mutual Insurance | Occupation (for Individual) 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 |
| 06 | / | 19 | / | 2017 |

Transaction ID : A1EB6B304106E42DA9B3

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| 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 83 OF 117 |
| | <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. 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 ▼
1050.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2017 |

Transaction ID : AC57C4245229847819B4

Amount of Each Receipt this Period
210.00

Memo Item

B. 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 ▼
1260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2017 |

Transaction ID : A49EAD130787C4378A52

Amount of Each Receipt this Period
210.00

Memo Item

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

Mailing Address 222 E Park St
Ste 200

| | | |
|----------------------|-------------|------------------------|
| City Edwardsville | State IL | Zip Code 62025-2095 |
|----------------------|-------------|------------------------|

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 ▼
208.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 01 | | 2017 |

Transaction ID : A45D119C8BA6A41F781B

Amount of Each Receipt this Period
20.84

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.84 |
| 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 84 OF 117 |
| | <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. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville State IL Zip Code 62025-2095

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 ▼
208.40

Date of Receipt
06 / 01 / 2017
Transaction ID : A1FAE80A9D48B4A76894

Amount of Each Receipt this Period
20.84

Memo Item

B. Wheeler, Richard, T., 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) Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 05 / 2017
Transaction ID : AA01B86FCAC3449188FC

Amount of Each Receipt this Period
250.00

Memo Item

C. Williams, R. Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 Fitzhugh Ave

City Richmond State VA Zip Code 23230-3921

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia Occupation (for Individual) Vice Chairman

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 05 / 2017
Transaction ID : A1CC0E4F0FC3143A39C2

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.84

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 85 OF 117 |
| <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. Witt, Daniel, , 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) Claims 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 |
| 06 | / | 09 | / | 2017 |

Transaction ID : A208C0963EDDD46248AE

Amount of Each Receipt this Period
22.00

Memo Item

B. Witt, Daniel, , 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) Claims Manager |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 22 | / | 2017 |

Transaction ID : AACAD2BB483B54AE7B88

Amount of Each Receipt this Period
22.00

Memo Item

C. Wolf, John, F., 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) 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 |
| 06 | / | 07 | / | 2017 |

Transaction ID : AE60858EE460D4C89A61

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1044.00 |
| 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 117 |
| | <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. Woolley, Thomas, , 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) Director-Vice Chairman-Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2017
Transaction ID : AB13E81428305487B84F

Amount of Each Receipt this Period 500.00

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 ▼ 534.00

Date of Receipt 06 / 05 / 2017
Transaction ID : A8FEC053F7C4B415899E

Amount of Each Receipt this Period 90.00

Memo Item

C. Yates, Jack, , ,
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) Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 07 / 2017
Transaction ID : A1DFD33AA86974725A4E

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1590.00

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 87 OF 117 |
| | <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. Young, Jenny, , Ms., AIT
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Assistant to the President/CEO |
|---|---|

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 |
| 06 | | 05 | | 2017 |

Transaction ID : AFB70C6F60A9C440B8D3

Amount of Each Receipt this Period
10.00

Memo Item

B. Young, Jenny, , Ms., AIT
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Assistant to the 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 |
| 06 | | 15 | | 2017 |

Transaction ID : A793D187149AF4BB2A33

Amount of Each Receipt this Period
10.00

Memo Item

C. Young, Jenny, , Ms., AIT
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55440-1463 |
|---------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Western National Mutual Insurance Comp | Occupation (for Individual) Assistant to the President/CEO |
|---|---|

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 |
| 06 | | 26 | | 2017 |

Transaction ID : A4913474DF6A34EAF88D

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 88 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zenke, Jerry, G., Mr.,

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 (for Individual) **Mound Prairie Mutual Insurance Company** Occupation (for Individual) **Assistant Manager & Treasurer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2150.00**

Date of Receipt
06 / 21 / 2017

Transaction ID : AE5AF904186254278A09

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

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

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).....▶ | 39597.66 |

**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 89 OF 117 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fbl Financial Group Inc PAC

Mailing Address 5400 University Ave

| | | |
|-------------------------|-------------|-------------------|
| City West Des Moines | State IA | Zip Code 50266 |
|-------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00317297

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Transaction ID : A856ED09DE7154198BB6

Amount of Each Receipt this Period
5000.00

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)..... | 5000.00 |
| TOTAL This Period (last page this line number only)..... | 5000.00 |

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

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

FOR LINE NUMBER: PAGE 90 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼
 1602.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2017
Transaction ID : A9AB805CE15E0473387E
 Amount of Each Receipt this Period
 667.59
 Memo Item
 Reimb. of Bank Fees

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 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 Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 667.59 |
| TOTAL This Period (last page this line number only)..... | 667.59 |

**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 117 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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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 ▼ 17.62

Date of Receipt 06 / 30 / 2017
Transaction ID : A53529262D152448EA32
Amount of Each Receipt this Period 3.85
 Memo Item
Interest

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
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
Amount of Each Receipt this Period
 Memo Item

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... | 3.85 |
| TOTAL This Period (last page this line number only)..... | 3.85 |

**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 |

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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
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C [Redacted]

Transaction ID : B476B1F6104

Amount of Each Disbursement this Period

[Redacted] 20.32

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
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C [Redacted]

Transaction ID : B7C98212993

Amount of Each Disbursement this Period

[Redacted] 14.50

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C [Redacted]

Transaction ID : B13220A9751

Amount of Each Disbursement this Period

[Redacted] 182.19

Memo Item

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

[Redacted] 217.01

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

[Redacted]

**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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Square, Inc.

Mailing Address 1455 Market Street

City
San Francisco

State
CA

Zip Code
94103-1331

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C

Transaction ID : B888BF1C6F

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 4 | 0 | 5 | 8 |
|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B.

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 | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | 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)..... ▶

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

| | | | |
|---|---|---|---|
| 4 | 0 | 5 | 8 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 2 | 5 | 7 | 5 | 9 |
|---|---|---|---|---|

**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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. 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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 2 | 1 | | | 2 | 0 | 1 | 7 | |

FEC Identification Number

C C00495846
Transaction ID : B5A12133CC
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address PO BOX 80505

City
BATON ROUGE

State
LA

Zip Code
70898-0505

Purpose of Disbursement
Contribution to Committee

Candidate Name

Cassidy, Bill, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: LA District:

Date of Disbursement

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

FEC Identification Number

C C00451807
Transaction ID : B8ADB0A64C
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BOB CASEY FOR SENATE INC

Mailing Address PO BOX 58746

City
PHILADELPHIA

State
PA

Zip Code
19102

Purpose of Disbursement
Contribution to Committee

Candidate Name

Casey, Robert, P., Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

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

FEC Identification Number

C C00431056
Transaction ID : BE403FB7DC
Amount of Each Disbursement this Period
2000.00

Memo Item

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Bob Corker for Senate

Mailing Address PO Box 848

City
Chattanooga

State
TN

Zip Code
37401

Purpose of Disbursement
Contribution to Committee

Candidate Name

Corker, Bob, P., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C C00407650

Transaction ID : B26A06A9BC

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BRIAN MAST FOR CONGRESS

Mailing Address 2600 S DOUGLAS RD STE 900

City
CORAL GABLES

State
FL

Zip Code
33134

Purpose of Disbursement
Contribution to Committee

Candidate Name

Mast, Brian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 18

Date of Disbursement

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

FEC Identification Number

C C00579896

Transaction ID : BBEB221582/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BRIAN MAST FOR CONGRESS

Mailing Address 2600 S DOUGLAS RD STE 900

City
CORAL GABLES

State
FL

Zip Code
33134

Purpose of Disbursement
Contribution to Committee

Candidate Name

Mast, Brian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C C00579896

Transaction ID : BCCDEE248/

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. BRIDGE PAC

Mailing Address 499 S. Capitol St. SW

City Washington State DC Zip Code 20003-4013

Purpose of Disbursement
Contribution to Committee

Candidate Name
BRIDGE PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00399196
Transaction ID : B7323D632D
Amount of Each Disbursement this Period
2500.00

Memo Item

B. Building America's Republican Representation PAC

Mailing Address 332 W. Lee Hwy #303

City Warrenton State VA Zip Code 20186-2428

Purpose of Disbursement
Contribution to Committee

Candidate Name
Building America's Republican Representation PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00572271
Transaction ID : B0AF76DCC9
Amount of Each Disbursement this Period
2500.00

Memo Item

C. Carlos Curbelo Congress

Mailing Address 8770 SW 72nd Street

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement
Contribution to Committee

Candidate Name
Curbelo, Carlos, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2017

FEC Identification Number

C C00546846
Transaction ID : BF9912F679I
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Carper for Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement Contribution to Committee

Candidate Name **Carper, Tom, R., Sen.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00349217

Transaction ID : BEECD168D4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Waters

Mailing Address 249 E. Ocean Blvd #685

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement Contribution to Committee

Candidate Name **Waters, Maxine, , Rep.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00167585

Transaction ID : BD2CE7E43A

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clay Jr. for Congress

Mailing Address P.O. Box 4544

City Saint Louis State MO Zip Code 63108-0544

Purpose of Disbursement Contribution to Committee

Candidate Name **Clay, Lacy, , Rep., Jr.**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00346080

Transaction ID : B08DC0B583

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sanchez, Linda, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 38

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 08 / 2017

FEC Identification Number

C C00384057

Transaction ID : BF9ABBE82I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sanchez, Linda, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 38

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 15 / 2017

FEC Identification Number

C C00384057

Transaction ID : B54413520AF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEB FISCHER FOR US SENATE INC

Mailing Address 317 S 12TH

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement
Contribution to Committee

Candidate Name
Fischer, Deb, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 15 / 2017

FEC Identification Number

C C00498907

Transaction ID : BC4D4368B2

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address 1071 TWIN BRANCH LN

City
Weston

State
FL

Zip Code
33326-2828

Purpose of Disbursement
Contribution to Committee

Candidate Name

DEMOCRATS WIN SEATS (DWS PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2017

FEC Identification Number

C C00425470

Transaction ID : BF71C6FEDF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Denham for Congress

Mailing Address 2150 River Plaza Dr.
#150

City
Sacramento

State
CA

Zip Code
95833-4131

Purpose of Disbursement
Contribution to Committee

Candidate Name

Denham, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00473272

Transaction ID : B3378236161

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Denny Heck for Congress

Mailing Address P.O. Box 235

City
Olympia

State
WA

Zip Code
98507-0235

Purpose of Disbursement
Contribution to Committee

Candidate Name

Heck, Denny, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 10

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00472159

Transaction ID : B25336129F

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. Elise for Congress

Mailing Address P.O. Box 500

City
Glens Falls

State
NY

Zip Code
12801-0500

Purpose of Disbursement
Contribution to Committee

Candidate Name

Stefanik, Elise, M, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00547893

Transaction ID : B8E0F1DDEF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Emmer for Congress

Mailing Address P.O. Box 998

City
Anoka

State
MN

Zip Code
55303-0998

Purpose of Disbursement

Candidate Name

Emmer, Thomas, E., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MN District: 06

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 9 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00545749

Transaction ID : B0340C2B54f

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FASO FOR CONGRESS

Mailing Address PO BOX 448

City
KINDERHOOK

State
NY

Zip Code
12106

Purpose of Disbursement
Contribution to Committee

Candidate Name

Faso, John, J, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

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

FEC Identification Number

C C00580415

Transaction ID : B1C9520A32

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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 |

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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 Bill Posey

Mailing Address P.O. Box 411486

City
Melbourne

State
FL

Zip Code
32941-1486

Purpose of Disbursement
Contribution to Committee

Candidate Name

Posey, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00444968

Transaction ID : B5E5730E44I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Cheri Bustos

Mailing Address 1050 17th St. NW
Suite 590

City
Washington

State
DC

Zip Code
20036-5592

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bustos, Cheri, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 17

Date of Disbursement

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

FEC Identification Number

C C00498568

Transaction ID : BD33382D7DI

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dennis Ross

Mailing Address P.O. Box 7310

City
Lakeland

State
FL

Zip Code
33807-7310

Purpose of Disbursement
Contribution to Committee

Candidate Name

Ross, Dennis, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00459461

Transaction ID : BC676BA20E

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 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 JOHN BARRASSO

Mailing Address PO BOX 52008

City
CASPER

State
WY

Zip Code
82605

Purpose of Disbursement
Contribution to Committee

Candidate Name

Barrasso, John, A., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2017

FEC Identification Number

C C00436386

Transaction ID : B19F9698780

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Pat Toomey

Mailing Address 228 S. Washington Street
Suite 115

City
Alexandria

State
VA

Zip Code
22314-5404

Purpose of Disbursement
Contribution to Committee

Candidate Name

Toomey, Pat, J., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: PA District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00461046

Transaction ID : B91AD1C6811

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Garret Graves for Congress

Mailing Address P.O. Box 64845

City
Baton Rouge

State
LA

Zip Code
70896-4845

Purpose of Disbursement
Contribution to Committee

Candidate Name

Graves, Garret, N., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00558486

Transaction ID : BD784E690F

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. HANDEL FOR CONGRESS, INC.

Mailing Address 4010 OLD MILTON PKWY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement
Contribution to Committee

Candidate Name

Handel, Karen, Christine, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00633362

Transaction ID : BAB89E6DF8

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101-0505

Purpose of Disbursement
Contribution to Committee

Candidate Name

Heartland Values PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00409003

Transaction ID : B1BCB947C1

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HURD FOR CONGRESS

Mailing Address PO BOX 761029

City San Antonio State TX Zip Code 78245-6029

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hurd, Will, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00545467

Transaction ID : B3874C09AA

Amount of Each Disbursement this Period

2000.00

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**

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. IN THE ARENA PAC

Mailing Address PO BOX 7244

City
LITTLE ROCK

State
AR

Zip Code
72217

Purpose of Disbursement
Contribution to Committee

Candidate Name

IN THE ARENA PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00623512

Transaction ID : B856BE25B6

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ISSA FOR CONGRESS

Mailing Address PO BOX 760

City
VISTA

State
CA

Zip Code
92085

Purpose of Disbursement
Contribution to Committee

Candidate Name

Issa, Darrell, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 49

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00350520

Transaction ID : BD9BD355D0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith for Congress

Mailing Address P.O. Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702-1324

Purpose of Disbursement
Contribution to Committee

Candidate Name

Smith, Jason, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00541862

Transaction ID : BDFD18FF4c

Amount of Each Disbursement this Period

1000.00

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**

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. JOBS AND INNOVATION MATTER PAC (JIM PAC)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 29 | / | 2017 |

Mailing Address PO BOX 15320

FEC Identification Number

C C00494112

Transaction ID : B2AB52F2ED

Amount of Each Disbursement this Period

2500.00

Memo Item

City

Washington

State

DC

Zip Code

20003-0320

Purpose of Disbursement

Candidate Name

JOBS AND INNOVATION MATTER PAC (JIM PAC)

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2018

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. JOSH GOTTHEIMER FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 21 | / | 2017 |

Mailing Address PO BOX 584

FEC Identification Number

C C00573949

Transaction ID : B402D72B45f

Amount of Each Disbursement this Period

1000.00

Memo Item

City

RIDGEWOOD

State

NJ

Zip Code

07451

Purpose of Disbursement

Contribution to Committee

Candidate Name

Gottheimer, Josh, S., Rep.,

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2018

Primary

General

Other (specify) ▼

State: NJ

District: 05

Full Name (Last, First, Middle Initial)

C. KUSTOFF FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 08 | / | 2017 |

Mailing Address 1661 AARON BRENNER DR
STE 300

FEC Identification Number

C C00614826

Transaction ID : B744E4E249

Amount of Each Disbursement this Period

1000.00

Memo Item

City

MEMPHIS

State

TN

Zip Code

38120

Purpose of Disbursement

Contribution to Committee

Candidate Name

Kustoff, David, F., Rep.,

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2018

Primary

General

Other (specify) ▼

State: TN

District: 08

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"/> 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. Loudermilk for Congress

Mailing Address P.O. Box 447

City
Cassville

State
GA

Zip Code
30123-0447

Purpose of Disbursement
Contribution to Committee

Candidate Name

Loudermilk, Barry, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00543892

Transaction ID : B27C5B126B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST.
SUITE 400

City
BOSTON

State
MA

Zip Code
02114

Purpose of Disbursement
Contribution to Committee

Candidate Name

MASSACHUSETTS REPUBLICAN PARTY

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00042622

Transaction ID : B6CC661C69

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. McHenry for Congress

Mailing Address P.O. Box 2165

City
Hickory

State
NC

Zip Code
28603-2165

Purpose of Disbursement
Contribution to Committee

Candidate Name

McHenry, Patrick, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

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

FEC Identification Number

C C00393629

Transaction ID : B374FBB497

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00

**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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Poliquin for Congress

Mailing Address P.O Box 50

City
Oakland

State
ME

Zip Code
04963-0050

Purpose of Disbursement
Contribution to Committee

Candidate Name

Poliquin, Bruce, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

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

FEC Identification Number

C C00518654

Transaction ID : B68714F1E6f

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rodney for Congress

Mailing Address P.O. Box 344

City
Taylorville

State
IL

Zip Code
62568-0344

Purpose of Disbursement
Contribution to Committee

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 13

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C C00521948

Transaction ID : B8CA99B8AF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roger Williams for U.S. Congress Committee

Mailing Address P.O. Box 91061

City
Austin

State
TX

Zip Code
78709-1061

Purpose of Disbursement
Contribution to Committee

Candidate Name

Williams, Roger, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C C00498121

Transaction ID : B7ACCA60B

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Roger Williams for U.S. Congress Committee

Mailing Address P.O. Box 91061

City
Austin

State
TX

Zip Code
78709-1061

Purpose of Disbursement

Candidate Name

Williams, Roger, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 9 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00498121

Transaction ID : BF2F3004D3'

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Johnson for Senate Inc.

Mailing Address 219 E Washington Ave
Suite 101

City
Oshkosh

State
WI

Zip Code
54901-5005

Purpose of Disbursement
Contribution to Committee

Candidate Name

Johnson, Ron, H., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WI District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00482984

Transaction ID : BFA2D95055'

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address P.O. Box 713

City
Wheaton

State
IL

Zip Code
60187-0713

Purpose of Disbursement
Contribution to Committee

Candidate Name

Roskam, Peter, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00410969

Transaction ID : B7D6FFDF1'

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. ROTHFUS FOR CONGRESS

Mailing Address PO BOX 435

City
SEWICKLEY

State
PA

Zip Code
15143

Purpose of Disbursement

Candidate Name

Rothfus, Keith, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2017

FEC Identification Number

C C00497115

Transaction ID : B66FDB3672

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan Costello for Congress

Mailing Address P.O. BOX 3154

City
West Chester

State
PA

Zip Code
19381-3154

Purpose of Disbursement
Contribution to Committee

Candidate Name

Costello, Ryan, A, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00554899

Transaction ID : BEC4925E22I

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHOW-ME POLITICAL ACTION COMMITTEE

Mailing Address 2345 GRAND BLVD.
SUITE 2800

City
KANSAS CITY

State
MO

Zip Code
64108

Purpose of Disbursement
Contribution to Committee

Candidate Name

SHOW-ME POLITICAL ACTION COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00410621

Transaction ID : B4D771B3F3

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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. SMUCKER FOR CONGRESS

Mailing Address PO BOX 1551

City LANCASTER State PA Zip Code 17608

Purpose of Disbursement
Contribution to Committee

Candidate Name
Smucker, Lloyd, K., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 16

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00599464

Transaction ID : B9A2CF15AA

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN LYNCH FOR CONGRESS

Mailing Address 105 FARRAGUT RD

City SOUTH BOSTON State MA Zip Code 02124

Purpose of Disbursement
Contribution to Committee

Candidate Name
Lynch, Stephen, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 08

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00366948

Transaction ID : B29A228FF8e

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Knight for Congress

Mailing Address P.O. Box 730

City Willows State CA Zip Code 95988-0730

Purpose of Disbursement
Contribution to Committee

Candidate Name
Knight, Steve, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 25

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C C00554014

Transaction ID : BDF68E44E5

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Steve Russell for Congress

Mailing Address PO BOX 95023

City
OKLAHOMA CITY

State
OK

Zip Code
73143

Purpose of Disbursement

Candidate Name

Russell, Steve, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2017

FEC Identification Number

C C00558510

Transaction ID : B3AE5532FA

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement
Contribution to Committee

Candidate Name

Stivers, Steve, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00441352

Transaction ID : B8CE7AE5FA

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STRANGE FOR SENATE

Mailing Address PO BOX 3670

City
MONTGOMERY

State
AL

Zip Code
36109

Purpose of Disbursement
Contribution to Committee

Candidate Name

Strange, Luther, J., Sen., III

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2017

FEC Identification Number

C C00629451

Transaction ID : B121388993E

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. TENNEY FOR CONGRESS

Mailing Address 28 ROBINSON ROAD
PO BOX 128

City CLINTON State NY Zip Code 13323

Purpose of Disbursement

Candidate Name

Tenney, Claudia, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2017

FEC Identification Number

C C00561183

Transaction ID : BA56874CD5

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell for Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201-1964

Purpose of Disbursement

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: AL District: 07

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2017

FEC Identification Number

C C00458976

Transaction ID : BDADCE5D9I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution to Committee

Candidate Name

Tillis, Thom, R., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00545772

Transaction ID : B58EE61D3E

Amount of Each Disbursement this Period

2500.00

Memo Item

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 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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution to Committee

Candidate Name
Tiberi, Pat, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00347492

Transaction ID : B5EA25A470

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 999

City EDISON State NJ Zip Code 08818

Purpose of Disbursement
Contribution to Committee

Candidate Name
MacArthur, Thomas, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C C00557520

Transaction ID : B932D94ABA

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TREY FOR CONGRESS

Mailing Address PO BOX 421

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement
Contribution to Committee

Candidate Name
Hollingsworth, Trey, , Rep., III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 09

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2017

FEC Identification Number

C C00590463

Transaction ID : B721CEDEC

Amount of Each Disbursement this Period

2500.00

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 |

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. VAL DEMINGS FOR CONGRESS

Mailing Address PO BOX 536926

City
ORLANDO

State
FL

Zip Code
32853

Purpose of Disbursement
Contribution to Committee

Candidate Name

Demings, Valdez, Val, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

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

FEC Identification Number

C C00590489

Transaction ID : B385DF7CB7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Value in Electing Women PAC

Mailing Address 701 8th Street NW

City
Washington

State
DC

Zip Code
20001-3854

Purpose of Disbursement
Contribution to Committee

Candidate Name

Value in Electing Women PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00327189

Transaction ID : B6F94753A77

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address P.O. Box 1091

City
Hood River

State
OR

Zip Code
97031-0037

Purpose of Disbursement
Contribution to Committee

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00333427

Transaction ID : B3FD67FD60

Amount of Each Disbursement this Period

1500.00

Memo Item

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

7500.00

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. WESTERMAN FOR CONGRESS

Mailing Address PO BOX 21097

City
HOT SPRINGS

State
AR

Zip Code
71903

Purpose of Disbursement
Contribution to Committee

Candidate Name

Westerman, Bruce, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

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

FEC Identification Number

C C00548180

Transaction ID : BA80B31DFE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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).....▶

118500.00

**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"/> 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. Friends of Scott Walker

Mailing Address PO Box 620437

City
Middleton

State
WI

Zip Code
53562-0437

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 2 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C

Transaction ID : B5C8FB6CB3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hackett for Ohio

Mailing Address 2050 Palouse Drive

City
London

State
OH

Zip Code
43140-9019

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 7 |

FEC Identification Number

C

Transaction ID : BCC2C789BE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

2000.00