

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		78506.16
(b) Cash on Hand at Beginning of Reporting Period.....	78506.16	
(c) Total Receipts (from Line 19)	28348.88	28348.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106855.04	106855.04
7. Total Disbursements (from Line 31).....	22331.46	22331.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	84523.58	84523.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7429.64	7429.64
(ii) Unitemized	15848.41	15848.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23278.05	23278.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28278.05	28278.05
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).....	66.23	66.23
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.60	4.60
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))..... ▶	28348.88	28348.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28348.88	28348.88

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	81.46	81.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	81.46	81.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(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)).....	250.00	250.00
29. Other Disbursements	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22331.46	22331.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22331.46	22331.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28278.05	28278.05
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28028.05	28028.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	81.46	81.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	66.23	66.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	15.23	15.23

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

This amended report is in response to the RFAI dated 5/13/2015. This amended report corrects the \$5,000 receipt from the Employers Mutual Casualty Company Political Action Committee that was incorrectly attributed in the original filing.

Form/Schedule:

Transaction ID:

**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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mr. David L. Anderson CPCU, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 276
 City Canton State SD Zip Code 57013-0276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farm Mutual Insurance Company of Linco Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2015
Transaction ID : AF78FBA30367F4267B8F
 Amount of Each Receipt this Period
1000.00

B. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2015
Transaction ID : A9075496D39CB4550882
 Amount of Each Receipt this Period
117.00

C. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **351.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015
Transaction ID : A84F1958833594047A7B
 Amount of Each Receipt this Period
117.00

SUBTOTAL of Receipts This Page (optional).....	1234.00
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Wes Broseke
Full Name (Last, First, Middle Initial)
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Claims Professional
---	-----------------------------------

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
01	/	16	/	2015

Transaction ID : A67F03A9B80B54508AA6

Amount of Each Receipt this Period
250.00

B. Mr. Dan DeArment PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 646

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

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

Name of Employer Friends Cove Mutual Insurance Company	Occupation 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
01	/	16	/	2015

Transaction ID : A9A13181E74364CB39D8

Amount of Each Receipt this Period
250.00

c. Mr. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : AFEEED102ED13D4C54B84

Amount of Each Receipt this Period
77.00

SUBTOTAL of Receipts This Page (optional).....▶	577.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Date of Receipt 01 / 07 / 2015
Transaction ID : ABB0124DDFDBA416C97A
 Amount of Each Receipt this Period 1000.00

B. Mr. Michael L. Flugum PFMM, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2015
Transaction ID : AE5C9DB10483C494688F
 Amount of Each Receipt this Period 250.00

C. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.28

Date of Receipt 01 / 23 / 2015
Transaction ID : A3E1B7A782FA24D8F830
 Amount of Each Receipt this Period 113.64

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 10 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Peter C. Hellie
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Cottonwood State MN Zip Code 56229-0048

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

Name of Employer North Star Mutual Insurance Company Occupation Senior Vice President & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2015
Transaction ID : ABB07C63686594F9D977

Amount of Each Receipt this Period 250.00

B. Mr. Joe E. Hoff CPCU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Cottonwood State MN Zip Code 56229-0048

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

Name of Employer North Star Mutual Insurance Company Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 23 / 2015
Transaction ID : ABA9E14CC598544E69C7

Amount of Each Receipt this Period 400.00

C. Mr. Robert J. Hovland
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 365

City Rugby State ND Zip Code 58368-0365

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

Name of Employer Center Mutual Insurance Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2015
Transaction ID : A71A38E91211945E2AB0

Amount of Each Receipt this Period 250.00

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 11 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Gregory D. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 23 / 2015
Transaction ID : AC4DC3BE548924303B8D
 Amount of Each Receipt this Period
250.00

B. Mr. John Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 84
 City Marble State PA Zip Code 16334-0084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Fire Insurance Company Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 05 / 2015
Transaction ID : A190C36980F48438AB82
 Amount of Each Receipt this Period
250.00

C. Ms. Margaret Kafka
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Main St
 City Buffalo State NY Zip Code 14202-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merchants Mutual Insurance Company Occupation VP Corporate Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2015
Transaction ID : AD6C01DFF617E415891C
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Jeffrey L. Mauland CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation President/CEO & Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 23 / 2015**
Transaction ID : A0B369A34B2F24B97ACF
 Amount of Each Receipt this Period **500.00**

B. Mr. Gary J. Metz CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Assistant Claims Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 23 / 2015**
Transaction ID : A47375C5DBBA443D0A34
 Amount of Each Receipt this Period **250.00**

C. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 02 / 2015**
Transaction ID : A848B7ECE1D0D4958A5B
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Vincent G. Noggle
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

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

Name of Employer Franklin Mutual Insurance Company Occupation Treasurer/Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 09 / 2015
Transaction ID : A1D60B2D63BAE4A95BE0

Amount of Each Receipt this Period
250.00

B. Mr. Norman Orlowski
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9062

City Williamsville State NY Zip Code 14231-9062

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

Name of Employer Erie & Niagara Insurance Association Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2015
Transaction ID : A243C771340E1466FBB4

Amount of Each Receipt this Period
500.00

C. Mr. Scott A. Orndorff
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1246

City Harrisburg State PA Zip Code 17108-1246

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

Name of Employer Millers Capital Insurance Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2015
Transaction ID : AFEDE65BC303A46F89E1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 14 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ms. Melinda Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2015
Transaction ID : AF5603477D5754ACA9A8
 Amount of Each Receipt this Period
 250.00

B. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : A9286090BD2E04DB29F6
 Amount of Each Receipt this Period
 105.00

C. Mr. James Streff FCAS, MAAA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1178 College Avenue
 City Red Wing State MN Zip Code 55066-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2015
Transaction ID : A1409A81444D8469FA63
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	605.00
TOTAL This Period (last page this line number only).....▶	7429.64

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

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

FOR LINE NUMBER: PAGE 15 OF 21
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Employers Mutual Casualty Company Committee for Responsible Federal Government

Mailing Address 717 Mulberry Street

City Des Moines State IA Zip Code 50309

FEC ID number of contributing federal political committee. **C** C00163873

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : AC337E5D967474B8FBEE

Amount of Each Receipt this Period
5000.00

Political Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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: (check only one)	PAGE 16 OF 21
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

A. NAMIC Administrative Fund

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

City Indianapolis	State IN	Zip Code 46268-1154
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **66.23**

Date of Receipt
 / /
01 / 23 / 2015

Transaction ID : A1DEF67A5125446C3976

Amount of Each Receipt this Period
 66.23

Reimb. of bank fees

B.

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

C.

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	66.23
TOTAL This Period (last page this line number only).....▶	66.23

**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 21
<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

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

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

A. Chase Bank
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4.60

Date of Receipt 01 / 30 / 2015
Transaction ID : ACCA8C785E3B949DAB26
Amount of Each Receipt this Period 0.06
Bank Interest

B. Chase Bank
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4.60

Date of Receipt 01 / 30 / 2015
Transaction ID : A67E2F19F8AE24942AFD
Amount of Each Receipt this Period 4.54
Bank Interest

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4.60
TOTAL This Period (last page this line number only).....▶	4.60

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

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

FOR LINE NUMBER:
(check only one)

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

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. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2015

Transaction ID : B1880EA24172C4831ADA

Amount of Each Disbursement this Period

18.25

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2015

Transaction ID : BEF3B9929BD03410CA7D

Amount of Each Disbursement this Period

18.00

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
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2015

Transaction ID : BFB20AB70EC4E4B04897

Amount of Each Disbursement this Period

45.21

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

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

81.46

81.46

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Ms. Margaret Kafka

Mailing Address 250 Main St

City Buffalo State NY Zip Code 14202-4104

Purpose of Disbursement
Refund of Contribution Made

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : B25C2AA40FBB647B4BCC

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

250.00

250.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. Dempsey for Missouri

Mailing Address Two Westbury Drive

City State Zip Code
Saint Charles MO 63301-2558

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : B361F35EA5B7846CFAC5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends for Diehl

Mailing Address 2404 White Stable Road

City State Zip Code
Saint Louis MO 63131-1122

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : B633F581847AF49CB80E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2000.00

2000.00
