

**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="2016"/>	<input type="text" value="94271.84"/>	<input type="text" value="94271.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61219.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="74448.95"/>	<input type="text" value="191939.25"/>
(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="135668.48"/>	<input type="text" value="286211.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39290.69"/>	<input type="text" value="189833.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96377.79"/>	<input type="text" value="96377.79"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	59734.69	122772.22
(ii) Unitemized	9368.07	53048.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69102.76	175820.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	14500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	74102.76	190320.54
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).....	342.86	603.92
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.33	1014.79
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))..... ▶	74448.95	191939.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74448.95	191939.25

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	540.69	1083.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	540.69	1083.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	180500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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	4250.00	8250.00
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)) ..	39290.69	189833.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39290.69	189833.30

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)	74102.76	190320.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74102.76	190320.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	540.69	1083.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	342.86	603.92
38. Net Operating Expenditures (subtract Line 37 from Line 36)	197.83	479.38

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Don H. Adams CIC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 571310

City Murray	State UT	Zip Code 84157-1310
----------------	-------------	------------------------

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

Name of Employer Bear River 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
04	/	11	/	2016

Transaction ID : AABC3904B31F24692AE6

Amount of Each Receipt this Period
250.00

Memo Item

B. Ms. Cathy M. Adcock
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Regional Vice President
---	---------------------------------------

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
04	/	07	/	2016

Transaction ID : AE0F2768E7BC24F8EBEF

Amount of Each Receipt this Period
85.00

Memo Item

C. Mr. Michael Jim Alexander
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2502

City Fargo	State ND	Zip Code 58108-2502
---------------	-------------	------------------------

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

Name of Employer Nodak Mutual Insurance Company	Occupation Executive Vice President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : A52826631B3DB4F06A56

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael Jim Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2502
 City Fargo State ND Zip Code 58108-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Nodak Mutual Insurance Company
 Occupation: Executive Vice President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt: **04 / 13 / 2016**
Transaction ID : ABC08CB48981842C9848
 Amount of Each Receipt this Period: **100.00**
 Memo Item

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

Date of Receipt: **04 / 15 / 2016**
Transaction ID : ABF701512C16E4ED5822
 Amount of Each Receipt this Period: **40.00**
 Memo Item

C. Ms. Diane Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917-3968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Auto-Owners Insurance Company
 Occupation: Vice President, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt: **04 / 07 / 2016**
Transaction ID : A735A7E8B26F6455FA74
 Amount of Each Receipt this Period: **70.00**
 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 8 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Dan Anderson 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 Secretary/Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : AC21436FFFBD478181C
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Dan Anderson
 Full Name (Last, First, Middle Initial)
 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 Western National Mutual Insurance Comp Occupation Assistant Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : A488F421E335749F0A95
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ms. Carol Ashby
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Assistant Vice President, Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016
Transaction ID : A19BD8DDAE20F432986A
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 9 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Joseph J. Babiak

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 Hastings Mutual Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 01 / 2016

Transaction ID : AF496472C2FB94B0888F

Amount of Each Receipt this Period 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Mara N. Bain

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 Western National Mutual Insurance Comp Occupation Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2016

Transaction ID : AE8B6083E2E7F4FC7843

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 07 / 2016

Transaction ID : AA97C285F8BA44814929

Amount of Each Receipt this Period 60.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00

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 73
<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. Kelly Becker
Full Name (Last, First, Middle Initial)
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 Western National Mutual Insurance Comp	Occupation Department Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
04 / 25 / 2016
Transaction ID : ABC6A7059C1E4462987B

Amount of Each Receipt this Period
300.00

Memo Item

B. Chris Belcher
Full Name (Last, First, Middle Initial)
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 Columbia Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.64	

Date of Receipt
MM / DD / YYYY
04 / 21 / 2016
Transaction ID : AB7D2C49EAB3D4893BF4

Amount of Each Receipt this Period
66.66

Memo Item

C. Mr. John S. Benson
Full Name (Last, First, Middle Initial)
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 Frankenmuth Mutual Insurance Company	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 812.00	

Date of Receipt
MM / DD / YYYY
04 / 08 / 2016
Transaction ID : A68A0BB352FCC4DAABDF

Amount of Each Receipt this Period
116.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	482.66
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 11 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 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 Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 928.00

Date of Receipt 04 / 22 / 2016
Transaction ID : A2FFF50C8F3214921A4F
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Mr. John J. Bishop CPCU, CLU
 Full Name (Last, First, Middle Initial)
 Mailing Address 471 E Broad St
 City Columbus State OH Zip Code 43215-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Chairman of the Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 11 / 2016
Transaction ID : AE1E0B7D4FE5B425396B
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Mr. Brian Bodi
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Vice President of Commercial Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : A671A77FA697447829D9
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2866.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Western National Mutual Insurance Comp Occupation SVP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2016
Transaction ID : ACC952C2E29984B1CB37

Amount of Each Receipt this Period 500.00

Memo Item

B. Mrs. Lynn Brewer
Full Name (Last, First, Middle Initial)

Mailing Address 500 S US Highway 77A

City Yoakum State TX Zip Code 77995-1399

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

Name of Employer Hochheim Prairie Farm Mutual Insurance Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2016
Transaction ID : A868D21804B36454E818

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr. Larry Byers
Full Name (Last, First, Middle Initial)

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 Western National Mutual Insurance Comp Occupation Senior Vice President Surety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : A821338A997274D68973

Amount of Each Receipt this Period 250.00

Memo Item

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 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. John A. Bykowski
 Full Name (Last, First, Middle Initial)
 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 SECURA Supreme Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : A69F5A4114C3540DA927
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Mr. Michael P. Capozza
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Vice President- Information Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016
Transaction ID : A0FC1629F771D4F83A57
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Tod J. Carmony CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 926
 City Wooster State OH Zip Code 44691-0926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016
Transaction ID : A27981FCC30DC427A8E2
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt **04 / 15 / 2016**
Transaction ID : AEE1E7ECDF32D4CD6B85
 Amount of Each Receipt this Period **90.00**
 Memo Item

B. Mr. Kevin Christy
 Full Name (Last, First, Middle Initial)
 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 Western National Mutual Insurance Comp Occupation Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 28 / 2016**
Transaction ID : AB5A921482A9F40DFA6D
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Mr. Russell Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30060
 City Lansing State MI Zip Code 48909-7560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Millers Mutual Insurance Comp Occupation Vice President-Marketing & Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2016**
Transaction ID : AA8985101914841E3A13
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	840.00
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 15 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. J.D. Colcord

Mailing Address 4 Bouton St

City State Zip Code
Concord NH 03301-5006

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

Name of Employer Occupation
Concord General Mutual Insurance Compa Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2016
Transaction ID : AF7D08686D9DC4918879

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Peter H. Corning

Mailing Address 5350 W 78th St

City State Zip Code
Edina MN 55439-3101

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

Name of Employer Occupation
Western National Mutual Insurance Comp Chief Financial Officer and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2016
Transaction ID : AFF3B32BA052F4D07B63

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mr. Jeffrey Couchman CPCU, ARc,

Mailing Address 5350 W 78th St

City State Zip Code
Edina MN 55439-3101

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

Name of Employer Occupation
Western National Mutual Insurance Comp Senior Vice President - Marketing & Ag

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2016
Transaction ID : A2164C4E34D43445D809

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 73
(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

Full Name (Last, First, Middle Initial)
A. Ms. Linda J. Day

Mailing Address 4 Bouton St

City State Zip Code
Concord NH 03301-5006

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

Name of Employer Occupation
Concord General Mutual Insurance Compa Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : A1EBB15403A414FD8A6F

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Dan DeArment

Mailing Address PO Box 646

City State Zip Code
Bedford PA 15522-0646

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

Name of Employer Occupation
Friends Cove Mutual Insurance Company President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : A426A695272E843C39EF

Amount of Each Receipt this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mr. Joseph DeChatelets CPCU

Mailing Address PO Box 5626

City State Zip Code
Rockford IL 61125-0626

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

Name of Employer Occupation
Rockford Mutual Insurance Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
673.12

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : A0961A1B439084B70B8C

Amount of Each Receipt this Period
288.48

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3138.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 73
	<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. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 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 Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **333.32**

Date of Receipt **04 / 07 / 2016**
Transaction ID : A860801414EDB4113A11
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mr. Don Duran
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 834
 City Atwater State CA Zip Code 95301-0834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Merced Property & Casualty Company Occupation President & CEO
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 11 / 2016**
Transaction ID : A332DBA064A1249518D9
 Amount of Each Receipt this Period **2500.00**
 Memo Item

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

Date of Receipt **04 / 15 / 2016**
Transaction ID : AC7F5C622E95A4A189A1
 Amount of Each Receipt this Period **96.16**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2679.49
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 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Fred A. Edmond Jr.

Full Name (Last, First, Middle Initial)
Mr. Fred A. Edmond 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 Frankenmuth Mutual Insurance Company Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 539.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : AC442D82D2CEC4E0C8D2

Amount of Each Receipt this Period
 77.00

Memo Item

B. Mr. Fred A. Edmond Jr.

Full Name (Last, First, Middle Initial)
Mr. Fred A. Edmond 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 Frankenmuth Mutual Insurance Company Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 616.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : A9853A00217124A70A0D

Amount of Each Receipt this Period
 77.00

Memo Item

C. Mr. Eric Ellefson

Full Name (Last, First, Middle Initial)
Mr. Eric Ellefson

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 Western National Mutual Insurance Comp Occupation Vice President, Commercial Lines Under

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : AF02F08F0DB754EA9BBB

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 654.00

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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Stephen Ensign
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : AC5A7354D12D84B6595B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Andrew M. Eriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 07 / 2016
Transaction ID : A47D0344B8D624702B86
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Mr. Michael L. Faron
 Full Name (Last, First, Middle Initial)
 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 Norfolk & Dedham Mutual Fire Insurance Occupation Commercial Lines Business Unit Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 01 / 2016
Transaction ID : AA925322DE11B4799B9F
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael L. Faron
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Business Unit Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : AF0D18712F0294C32BF8
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Mr. Michael L. Faron
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Business Unit Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 04 / 30 / 2016
Transaction ID : ACFCF85B4998F4D9DA54
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Mr. Raymond Ferris
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Western National Mutual Insurance Comp Commercial Lines Underwriter
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 25 / 2016
Transaction ID : AA03795AAF9614A53B87
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Gayle Fisher
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President-Life Operatio
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	07	/	2016

Transaction ID : A2553F2A25E834950B4E

Amount of Each Receipt this Period

85.00

 Memo Item

B. Mr. Phillip D. Fraim
Full Name (Last, First, Middle Initial)
Mailing Address 3900 S Boulevard

City Edmond	State OK	Zip Code 73013-5775
----------------	-------------	------------------------

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

Name of Employer Oklahoma Attorneys Mutual Insurance Co	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
04	/	13	/	2016

Transaction ID : A5BFEC2C6E8BF43B080A

Amount of Each Receipt this Period

500.00

 Memo Item

C. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)
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 Frankenmuth Mutual Insurance Company	Occupation Senior Vice President
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.29**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	08	/	2016

Transaction ID : AE836483CB2EF4A7F9FE

Amount of Each Receipt this Period

38.47

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	623.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 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 Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 22 / 2016
Transaction ID : A7A19CDBAE83F4428877
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Mr. Mike J. Godby CPCU, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7988
 City Madison State WI Zip Code 53707-7988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 1st Auto & Casualty Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 11 / 2016
Transaction ID : A20216E14C14D49E182A
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ms. Yvette Gonzales
 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 Senior Vice President & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 04 / 01 / 2016
Transaction ID : A8E998815751B47E29BF
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	330.14
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ms. Yvette Gonzales
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 Senior Vice President & CIO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 15 / 2016**
Transaction ID : AE736BEF187034C8C84C
Amount of Each Receipt this Period **41.67**
 Memo Item

B. 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 **909.12**

Date of Receipt **04 / 15 / 2016**
Transaction ID : A1CF2D7587E064EE4BEF
Amount of Each Receipt this Period **113.64**
 Memo Item

C. Mr. Michael Green
Full Name (Last, First, Middle Initial)
Mailing Address 4 Bouton St
City Concord State NH Zip Code 03301-5006
FEC ID number of contributing federal political committee. **C**
Name of Employer Concord General Mutual Insurance Compa Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 21 / 2016**
Transaction ID : A37CA44430AE1423982F
Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	455.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. David D. Gross
Full Name (Last, First, Middle Initial)

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 Occupation
SECURA Insurance, A Mutual Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 08 / 2016
Transaction ID : A8B301A34CB684B01B67

Amount of Each Receipt this Period
2500.00

Memo Item

B. Mr. John Hair
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 Occupation
National Association of Mutual Insuran Federal Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
04 / 15 / 2016
Transaction ID : A61B62764291148E1BF1

Amount of Each Receipt this Period
40.00

Memo Item

C. Ms. Patricia Harris
Full Name (Last, First, Middle Initial)

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 Occupation
Western National Mutual Insurance Comp Vice President, Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 28 / 2016
Transaction ID : A4F64394F1F8F4324A58

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3040.00

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 73
	<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. Rich Hawkins
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 Vice President, Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **231.00**

Date of Receipt **04 / 19 / 2016**
Transaction ID : ADE4C0942ADD44021B03
Amount of Each Receipt this Period **77.00**
 Memo Item

B. Mr. Jon Hebeisen
Full Name (Last, First, Middle Initial)
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 Western National Mutual Insurance Comp Occupation Vice President, General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2016**
Transaction ID : A6CA8ADB4FC5A4A5AA53
Amount of Each Receipt this Period **500.00**
 Memo Item

c. Mr. F. Timothy Hegarty Jr., CPCU
Full Name (Last, First, Middle Initial)
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 Norfolk & Dedham Mutual Fire Insurance Occupation Chairman, President, & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **269.22**

Date of Receipt **04 / 01 / 2016**
Transaction ID : A45764B1C9465432A822
Amount of Each Receipt this Period **38.46**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	615.46
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 27 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Chairman, President, & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : AF3518490AFBE44AB9B6
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Norfolk & Dedham Mutual Fire Insurance Chairman, President, & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : A5E0AC6929479445B80B
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. Mr. David G. Hendrix CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Mutual Insurance Company CFO & Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : AA933A6B7D5284B478B5
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.92
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 28 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Mark S. Hewitt CPCU, AFSB
 Full Name (Last, First, Middle Initial)
 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 Western National Mutual Insurance Comp	Occupation Assistant Vice President, Surety
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : A2B992BF5B4B746A4BAC

Amount of Each Receipt this Period
 500.00

Memo Item

B. Mr. J. Michael Hickey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St

City Concord	State NH	Zip Code 03301-5006
-----------------	-------------	------------------------

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

Name of Employer Concord General Mutual Insurance Compa	Occupation Director
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016
Transaction ID : AA4B9E5F239CB452C811

Amount of Each Receipt this Period
 500.00

Memo Item

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : AC42DE8B60B9141F28F6

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 73
	<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. Wesley D. Jackson AIC, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6106

City Temple	State TX	Zip Code 76503-6106
----------------	-------------	------------------------

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

Name of Employer RVOS Farm Mutual Insurance Company	Occupation 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
 04 / 14 / 2016
Transaction ID : AC260429182A440D2AE0

Amount of Each Receipt this Period
 250.00

Memo Item

B. Mr. Rick Jones
 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 Executive Vice President, COO & Presid
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : AD852E52B7E934A33AAF

Amount of Each Receipt this Period
 41.67

Memo Item

C. Mr. Rick Jones
 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 Executive Vice President, COO & Presid
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : AF9DF742DF4A8406E8E0

Amount of Each Receipt this Period
 41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.34
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 30 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Lew G. Kachulis
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 332
 City Sharon State PA Zip Code 16146-0332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Synergy Comp Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 13 / 2016**
Transaction ID : A2774D51A78344683996
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Mr. Richard B. Kalina CIC
 Full Name (Last, First, Middle Initial)
 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 Western National Mutual Insurance Comp Occupation Senior Vice President, Chief Underwrit
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2016**
Transaction ID : AB3337060895242659D7
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Mr. Thomas Karol
 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 Federal Affairs Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **363.68**

Date of Receipt **04 / 15 / 2016**
Transaction ID : A7C1AB14FCCC54BB4862
 Amount of Each Receipt this Period **45.46**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1045.46
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 31 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Kimberly K. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10350
 City Stamford State CT Zip Code 06904-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Reinsurance Corporation Occupation Treaty Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016
Transaction ID : A1D3DAA9872CE496CB73
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ms. Jami Kelly
 Full Name (Last, First, Middle Initial)
 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 Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 04 / 08 / 2016
Transaction ID : AE4FE4C4600AC46F288F
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Ms. Jami Kelly
 Full Name (Last, First, Middle Initial)
 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 Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 22 / 2016
Transaction ID : A7E1E0C74D8DE4A25A63
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	578.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Andrew Knudsen
Full Name (Last, First, Middle Initial)

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 Frankenmuth Mutual Insurance Company Occupation Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 04 / 08 / 2016
Transaction ID : A83050687E066430794C

Amount of Each Receipt this Period 38.00

Memo Item

B. Mr. Andrew Knudsen
Full Name (Last, First, Middle Initial)

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 Frankenmuth Mutual Insurance Company Occupation Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 22 / 2016
Transaction ID : AB867A42A37504FEEA82

Amount of Each Receipt this Period 38.00

Memo Item

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

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 Western National Mutual Insurance Comp Occupation Commercial Lines Team Lead Underwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : A400E4201DBD84B48958

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 326.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 73
	<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. Ms. Pam Lahodny
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Hwy. 77-A
 City Yoakum State TX Zip Code 77995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hochheim Prairie Farm Mutual Insurance Occupation Vice President, Marketing/Underwriting
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 11 / 2016
Transaction ID : A116648B0096F4558BD3
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Daniel B. Langone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 21 / 2016
Transaction ID : A2763FA5354BD4ABA9BA
 Amount of Each Receipt this Period 300.00
 Memo Item

c. Mr. Richard E. Long CPCU, AIC,
 Full Name (Last, First, Middle Initial)
 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 Western National Mutual Insurance Comp Occupation Senior Vice President, Claims
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 11 / 2016
Transaction ID : AD6D03FA42DDA49FABB1
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Byron K. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 N Branch Rd
 City Cuba State NY Zip Code 14727-9200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegany Co-Op Insurance Company Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 13 / 2016
Transaction ID : AFA2F03D501994993AF4
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Wilbur J. Maas PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 812
 City Hull State IA Zip Code 51239-0812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Association o Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 11 / 2016
Transaction ID : A6EA47E67105D446186E
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ms. Diane Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 04 / 07 / 2016
Transaction ID : A67334425E3CF4152B5E
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David Matlon CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1463

City	State	Zip Code
Minneapolis	MN	55440-1463

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

Name of Employer	Occupation
Western National Mutual Insurance Comp	Vice President of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 25 / 2016
Transaction ID : AFED3DD8338F04ECA93A

Amount of Each Receipt this Period
 250.00

Memo Item

B. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave

City	State	Zip Code
Frankenmuth	MI	48787-1000

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

Name of Employer	Occupation
Frankenmuth Mutual Insurance Company	Vice President, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.22

Date of Receipt
 04 / 08 / 2016
Transaction ID : A30421EF7B5904E898BC

Amount of Each Receipt this Period
 38.46

Memo Item

C. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave

City	State	Zip Code
Frankenmuth	MI	48787-1000

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

Name of Employer	Occupation
Frankenmuth Mutual Insurance Company	Vice President, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 04 / 22 / 2016
Transaction ID : AEDD981BAD0FD495CB16

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: PAGE 37 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Mr. Thomas J. McConnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City State Zip Code
 Concord NH 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Concord General Mutual Insurance Compa Claim 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
 04 / 21 / 2016
Transaction ID : AC8F85570D1794D219D1
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Timothy McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 S US Highway 77A
 City State Zip Code
 Yoakum TX 77995-1399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hochheim Prairie Farm Mutual Insurance Secretary/Treasurer & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : ACBBA6DED19414A77A40
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ms. Sherry L. McKenzie AAM, AIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : A2D4FB6496F23466884A
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 73
(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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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. Mr. Warren McLean

Mailing Address 4 Bouton St

City State Zip Code
Concord NH 03301-5006

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

Name of Employer Occupation
Concord General Mutual Insurance Compa Senior Vice President, COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2016
Transaction ID : A159A7D49A6504569930

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Brian S. McLeod

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.78

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2016
Transaction ID : A2DB201229E304AA28AB

Amount of Each Receipt this Period
38.54

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Brian S. McLeod

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

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

Name of Employer Occupation
Frankenmuth Mutual Insurance Company Vice President, Secretary & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.32

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2016
Transaction ID : A0F4188C58E6B400FAB1

Amount of Each Receipt this Period
38.54

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 577.08

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 39 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kevin M. Meskell
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Mutual Fire Insurance Company Occupation Executive Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 04 / 11 / 2016
Transaction ID : A122F7959B215485DB9C
 Amount of Each Receipt this Period 2500.00
 Memo Item

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

Date of Receipt 04 / 15 / 2016
Transaction ID : A481CEA15B61B42C486C
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Mr. George H. Morehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 21 / 2016
Transaction ID : A0A0824A417C947879F4
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 3040.00
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 40 OF 73
	<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. Justin Morgan
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer Occupation
Western National Mutual Insurance Comp Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : A39103DB360A64EF6B30

Amount of Each Receipt this Period
250.00

Memo Item

B. Mr. Addison Mugo
Full Name (Last, First, Middle Initial)

Mailing Address 10409 S 50th Pl Ste 100

City State Zip Code
Phoenix AZ 85044-5214

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

Name of Employer Occupation
Western National Assurance Company Vice President - 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
04 / 01 / 2016

Transaction ID : A75C0EEB3E06B433B9C5

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company 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
04 / 07 / 2016

Transaction ID : AD71C692E8E654C5590F

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 73
	<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. 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 ▼ 1000.00

Date of Receipt 04 / 19 / 2016
Transaction ID : A8AF85C3057504FD1B34
Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Michael Nolin
Full Name (Last, First, Middle Initial)
Mailing Address 4 Bouton St
City Concord State NH Zip Code 03301-5006
FEC ID number of contributing federal political committee. **C**
Name of Employer Concord General Mutual Insurance Compa Occupation Vice President-Underwriting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : A7FA897DE9D5C4792801
Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Steven Norman
Full Name (Last, First, Middle Initial)
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 Western National Mutual Insurance Comp Occupation Assistant Vice President-Communication
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : A02F47F9A343842CF94F
Amount of Each Receipt this Period 250.00
 Memo Item

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 42 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Rick W. Parks CPCU, AU,
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Camelot Dr
 City Fond Du Lac State WI Zip Code 54935-8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Society Insurance, a mutual co Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2016**
Transaction ID : A0000A708F0164E5399B
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Mr. John A. Paul PFMM, FMDC
 Full Name (Last, First, Middle Initial)
 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 Western Iowa Mutual Insurance Associat Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 11 / 2016**
Transaction ID : A341D5132AABD46F49D8
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Mr. Bruce Peters
 Full Name (Last, First, Middle Initial)
 Mailing Address 787 Shoreacres Dr
 City Fairmont State MN Zip Code 56031-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 11 / 2016**
Transaction ID : AB53E75B1391D4AC3AF1
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 73
	<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. Frances J. Phelan
Full Name (Last, First, Middle Initial)

Mailing Address 350 E 96th St

City Indianapolis State IN Zip Code 46240-3702

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

Name of Employer Liberty Mutual Insurance Companies Occupation Former President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2016
Transaction ID : **A41F710AB8EFE492CB29**

Amount of Each Receipt this Period 1000.00

Memo Item

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.68

Date of Receipt 04 / 07 / 2016
Transaction ID : **A5BCB61D695774AA8898**

Amount of Each Receipt this Period 66.67

Memo Item

C. Mr. Jeff Post
Full Name (Last, First, Middle Initial)

Mailing Address 5350 W 78th St

City Minneapolis State MN Zip Code 55439-3101

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

Name of Employer Western National Mutual Insurance Comp Occupation Vice President, Commercial Lines

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : **A4E41AC3201AC456CB8A**

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1316.67
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 44 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Mike Prandi
Full Name (Last, First, Middle Initial)

Mailing Address 1 Park Cir

City Westfield Center State OH Zip Code 44251-9700

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

Name of Employer Westfield Insurance Company Occupation National Claims Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 18 / 2016
Transaction ID : **A972C0B41EA7D4FBCAC**

Amount of Each Receipt this Period 2500.00

Memo Item

B. Ms. Renee Quinn
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6106

City Temple State TX Zip Code 76503-6106

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

Name of Employer RVOS Farm Mutual Insurance Company Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2016
Transaction ID : **AD8A56BD75B1E498786F**

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr. Gordon Rehnberg
Full Name (Last, First, Middle Initial)

Mailing Address 4 Bouton St

City Concord State NH Zip Code 03301-5006

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

Name of Employer Concord General Mutual Insurance Compa Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : **AE84E366358074124935**

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 45 OF 73
(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. Mr. Steve Richards
Full Name (Last, First, Middle Initial)
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 Western National Mutual Insurance Comp	Occupation Vice President- Western Regional Manag
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : A324E48370CA84451BE2

Amount of Each Receipt this Period
 250.00

Memo Item

B. Mr. Jonathan R. Riekse
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation 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
 04 / 07 / 2016
Transaction ID : A90CED073B17849CAA1E

Amount of Each Receipt this Period
 83.33

Memo Item

C. Ms. Linda M. Schmidt
Full Name (Last, First, Middle Initial)
Mailing Address 500 S US Highway 77A

City Yoakum	State TX	Zip Code 77995-1399
----------------	-------------	------------------------

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

Name of Employer Hochheim Prairie Farm Mutual Insurance	Occupation President & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : A5BE47D8F1F784339952

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kenneth Schroeder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 04 / 07 / 2016
Transaction ID : AC6ABA3BDE1744114930
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Ms. Christine Schwegman
 Full Name (Last, First, Middle Initial)
 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 Western National Mutual Insurance Comp Occupation Director of Reinsurance
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : A3DFCCDB05DE243D687F
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Mr. David Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 21 / 2016
Transaction ID : ACD9F46D16768435CA25
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **810.00**
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 47 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Kent B. Shantz

Mailing Address PO Box 5626

City State Zip Code
 Rockford IL 61125-0626

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

Name of Employer Occupation
 Rockford Mutual Insurance Company COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : AB9B1D68966C240F58EC

Amount of Each Receipt this Period
 77.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Athan M. Shinas

Mailing Address 1460 Wells St

City State Zip Code
 Enumclaw WA 98022-3003

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

Name of Employer Occupation
 Mutual of Enumclaw Insurance Company General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : AFC3487C176CC491EB8C

Amount of Each Receipt this Period
 208.34

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Mary T. Shockley

Mailing Address 1923 Pecos St

City State Zip Code
 San Angelo TX 76901-3101

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

Name of Employer Occupation
 RVOS Farm Mutual Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : AFADE7D7CFDCC4E819C8

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 535.34

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 48 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Wiley Shockley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6106
 City State Zip Code
 Temple TX 76503-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RVOS Farm Mutual Insurance Company President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : A9510260E1D3F4C05A1F
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Steven C. Sliver CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 577
 City State Zip Code
 Huntingdon PA 16652-0577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mutual Benefit Insurance Company CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2016
Transaction ID : ABABD0B16516D49C2A00
 Amount of Each Receipt this Period
 625.00
 Memo Item

C. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : A3096ABDB9F614BAB96C
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. 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 **1000.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : AC7EE8117406B4E6794B
 Amount of Each Receipt this Period **125.00**
 Memo Item

B. Mr. Charles J. Smith PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Billings State MO Zip Code 65610-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Billings Mutual Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 08 / 2016**
Transaction ID : A9931B59B52EE468D95B
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Mr. James Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6106
 City Temple State TX Zip Code 76503-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RVOS Farm Mutual Insurance Company Occupation Corporate Secretary
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 14 / 2016**
Transaction ID : A5EFB2AF0DF9641C99E7
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Lori Smith
Full Name (Last, First, Middle Initial)
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 Western National Mutual Insurance Comp Occupation Vice President of Human Resources
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : **A73ED8D0EE4D1450A8BD**
Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Jon Sticha
Full Name (Last, First, Middle Initial)
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 Western National Mutual Insurance Comp Occupation Investment Analyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : **A3E43DFD96BC74B6F9D8**
Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Paul G. Stueven PFMM
Full Name (Last, First, Middle Initial)
Mailing Address 118 Downtown Plz
City Fairmont State MN Zip Code 56031-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation COO/Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 11 / 2016
Transaction ID : **A93B4FCFC03874785802**
Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Irene Sulak
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6106

City Temple	State TX	Zip Code 76503-6106
----------------	-------------	------------------------

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

Name of Employer RVOS Farm Mutual Insurance Company	Occupation Vice President-Operations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : A0EF5BF9AE5434F3F9A2

Amount of Each Receipt this Period
 250.00

Memo Item

B. Mr. Tim F. Sullivan RPLU
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

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

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

Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : AD7530E55ECCF4619878

Amount of Each Receipt this Period
 96.15

Memo Item

C. Mr. Lawrence Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 559 W Golf Rd

City Arlington Heights	State IL	Zip Code 60005-3904
---------------------------	-------------	------------------------

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

Name of Employer American Freedom Insurance Company	Occupation Executive Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : AD9B1F3685BB84E2DA4B

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1346.15
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 52 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

Name of Employer National Association of Mutual Insuran	Occupation Vice President - Membership/Insurance
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2016

Transaction ID : A594899D6153E440FBCD

Amount of Each Receipt this Period
40.00

Memo Item

B. Mr. Jeffrey Tagsold
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	07	/	2016

Transaction ID : ADC2DEC13C4134E1D918

Amount of Each Receipt this Period
100.00

Memo Item

C. Mr. Brian Taylor PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 310

City Wellsburg	State WV	Zip Code 26070-0310
-------------------	-------------	------------------------

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

Name of Employer Municipal Mutual Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2016

Transaction ID : A45EFFA96A1724E2BB36

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2640.00
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 54 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Kenneth G. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President-Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2016
Transaction ID : AC4B57F62F8414648AFF
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Gary W. Thompson CPCU, CIC
 Full Name (Last, First, Middle Initial)
 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 Columbia Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 21 / 2016
Transaction ID : A5C740C7850DC42DBA41
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Mr. Richard Toleos
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Manager - Automobile Damage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : A9746F53B806A4508B93
 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: PAGE 55 OF 73
(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

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

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 Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : ACE74EA8F87944812A23

Amount of Each Receipt this Period
 39.00

Memo Item

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

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 Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : A0CCE681153A749CCA26

Amount of Each Receipt this Period
 39.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Mr. John W. Tympanick CPA, MST

Mailing Address 95A Turnpike Rd

City Westborough	State MA	Zip Code 01581-2878
---------------------	-------------	------------------------

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

Name of Employer Hospitality Mutual Insurance Company	Occupation President and 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
 04 / 11 / 2016

Transaction ID : AD4C277D9CFF1476290C

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	328.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Jill Valente
 Full Name (Last, First, Middle Initial)
 Mailing Address 10409 S 50th Pl
 Ste 100
 City Phoenix State AZ Zip Code 85044-5214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arizona Automobile Insurance Company Occupation Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : A42E31DB46A764C3898C
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ms. Jill Wagner MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 539
 City Appleton State WI Zip Code 54912-0539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integrity Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2016
Transaction ID : A9E73EA9B196C485EB54
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Ian R. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Investments and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 07 / 2016
Transaction ID : A9C17667731CA4A11A12
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 834.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Richard Welch Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City State Zip Code
 Concord NH 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Concord General Mutual Insurance Compa Vice President - Corporate Planning
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2016
Transaction ID : A08E4A40234174FEAA8E
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Mark Wenger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Vice President and Chief P&C
 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
 04 / 07 / 2016
Transaction ID : A5FE20DAE7FDD485AAB4
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Cori Wentzlaff
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1463
 City State Zip Code
 Minneapolis MN 55440-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western National Mutual Insurance Comp Department Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : A47AB54C2F9454C5D8E0
 Amount of Each Receipt this Period
 250.00
 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: PAGE 59 OF 73
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial)
Mr. Steven R. Zoss

Mailing Address 24 W Harmon Dr

City Mitchell State SD Zip Code 57301-6251

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

Name of Employer Farm Mutual Insurance Company of Linco Occupation Market Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : **AB4FC9BA9776141C9A16**

Amount of Each Receipt this Period
 250.00

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	59734.69

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

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

FOR LINE NUMBER: PAGE 60 OF 73
(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
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Emc Corporation Political Action Committee
Full Name (Last, First, Middle Initial)
Mailing Address 171 South Street
City Hopkinton State MA Zip Code 01748
FEC ID number of contributing federal political committee. **C** C00385948
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2016
Transaction ID : AA54CC2BD15B1422DB3C
Amount of Each Receipt this Period
5000.00
 Memo Item

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
MM / DD / YYYY
Amount of Each Receipt this Period
 Memo Item

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
MM / DD / YYYY
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: (check only one)	PAGE 61 OF 73
<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 checked="" 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. 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 ▼
603.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : AC62E97290ACA40A286E

Amount of Each Receipt this Period
 342.86

Memo Item
 Reimb. of Bank Fees

B.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	342.86
TOTAL This Period (last page this line number only).....▶	342.86

**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 73
<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

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City	State	Zip Code
Indianapolis	IN	46268-3141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A6F1EA25D09C143B8935
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2.95"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="14.79"/>	<input type="checkbox"/> Interest
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City	State	Zip Code
Indianapolis	IN	46268-3141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8CC43816C72E4BB2B2D
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="0.38"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="14.79"/>	<input type="checkbox"/> Interest
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	<input type="checkbox"/> Interest
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="3.33"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
04 / 01 / 2016

Transaction ID : B863BCAA599B54A9A8D5

Amount of Each Disbursement this Period

7.95

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
04 / 30 / 2016

Transaction ID : B45FE675334784D78B91

Amount of Each Disbursement this Period

186.06

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
04 / 07 / 2016

Transaction ID : B4DE15A884503451C84D

Amount of Each Disbursement this Period

201.25

Memo Item

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

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

395.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : B3E8CA4D4C9C34C74BCD

Amount of Each Disbursement this Period

50.00

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

MM / DD / YYYY
04 / 21 / 2016

Transaction ID : B33D3773A35CC4F6396A

Amount of Each Disbursement this Period

50.00

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2016

Transaction ID : BCF44C35EC12648438C4

Amount of Each Disbursement this Period

45.43

Memo Item

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

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

145.43

540.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Bill Shuster for Congress

Mailing Address P.O. Box 27

City Hollidaysburg State PA Zip Code 16648-0027

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bill F. Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : BF45DE4AFBD244488A60

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Shuster for Congress

Mailing Address P.O. Box 27

City Hollidaysburg State PA Zip Code 16648-0027

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bill F. Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B5D24F8EBB8304930A28

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

Rep. Denny Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : BA1C8B36D60A24F959F9

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B90D5B58C397442B099C

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Kelly Ayotte

Mailing Address P.O. Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Kelly A. Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : BA2CB6A30551D48AF93A

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Graves for Congress

Mailing Address P.O. Box 335

City Calhoun State GA Zip Code 30703-0335

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Tom Graves Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 14

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B5FA57A380BFA4F35A9E

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Huizenga for Congress

Mailing Address P.O. Box 254

City Zeeland State MI Zip Code 49464-0254

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bill P. Huizenga

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B50B4AAC485664784BD7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jobs, Economy and Budget Fund (JEB FUND)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : BDEF72C12EC2F4BC8B0B

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address P.O. Box 25879

City Tempe State AZ Zip Code 85285-5879

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B6740D8CB97874AC5BC2

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)..... ▶

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mike Crapo for Us Senate

Mailing Address P.O. Box 1948

City State Zip Code
Boise ID 83701-1948

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Mike D. Crapo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : BC058342A1F2F41A3827

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moore for Congress

Mailing Address P.O. Box 16646

City State Zip Code
Milwaukee WI 53216-0646

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Gwen S. Moore

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B89AA5D8C440D4517A04

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Randy Hultgren for Congress

Mailing Address P.O. Box 717

City State Zip Code
St Charles IL 60174-0717

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Randy M. Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B982823AAEC49422DAA6

Amount of Each Disbursement this Period

1000.00

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Republican Majority Fund

Mailing Address 901 N. Washington Street
Suite 700

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B4AE1209F639F4B938E3

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Richmond for Congress

Mailing Address 1631 Elysian Fields
SUITE 150

City New Orleans State LA Zip Code 70117-8208

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Cedric L. Richmond

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: LA District: 02

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B046D9FF61A554553B66

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Support to Ensure Victory Everywhere (STEVE) PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2016

Transaction ID : B10E349EC81FB417C9EF

Amount of Each Disbursement this Period

1500.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Titus for Congress

Mailing Address P.O. Box 72454

City Las Vegas State NV Zip Code 89170-2454

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Dina C. Titus

Office Sought: House Senate President
State: NV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : B301872FC55B2435D8E9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Vargas for Congress

Mailing Address 330 Encinitas Blvd.
Suite 101

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement
Contribution to Committee

Candidate Name

Juan C Vargas

Office Sought: House Senate President
State: CA District: 51

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : BFB77CA71D6BA45AE8C4

Amount of Each Disbursement this Period

1500.00

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
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

Memo Item

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

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

2500.00

34500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Bethel for Georgia Senate

Mailing Address 1701 Briarcliff Circle

City Dalton State GA Zip Code 30720-5184

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2016

Transaction ID : BC965A87759E14083A99

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Butch Miller

Mailing Address 4734 Arapahoe Trail

City Gainesville State GA Zip Code 30506-2797

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : B9074EB5E924C47E0AB8

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Renee Unterman

Mailing Address P.O. Box 508

City Buford State GA Zip Code 30515-0508

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : B8ED4419D959C406DA12

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1500.00

**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. Committee to Elect Richard Smith

Mailing Address Post Office Box 2122

City Columbus State GA Zip Code 31902-2122

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2016

Transaction ID : BE277753E47B2426383F

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Carolyn Hugley

Mailing Address P.O. Box 6342

City Columbus State GA Zip Code 31917-6342

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : BA72AF60901034C2BA39

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect John Meadows

Mailing Address P.O. Box 1255

City Calhoun State GA Zip Code 30703-1255

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : BD9645BA699504FB0972

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. David Shafer Senate Committee

Mailing Address Post Office Box 880

City Duluth State GA Zip Code 30096

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : B3326EB61DBD74F0C805

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Rich Golick

Mailing Address 2372 Simpson Farm Way

City Smyrna State GA Zip Code 30080-4626

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : B495CA2EA2F7C414B8A7

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. P. K. Martin for State Senate

Mailing Address 455 Pine Forest Dr

City Lawrenceville State GA Zip Code 30046-6000

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : B4E14F1AFCC774D45ABA

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

1250.00

4250.00