

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jul 20 (M7)
- May 20 (M5)
- Jun 20 (M6)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2013"/>	<input type="text" value="15730.04"/>	<input type="text" value="15730.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="75040.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44391.06"/>	<input type="text" value="234249.30"/>
(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="119431.22"/>	<input type="text" value="249979.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="68780.03"/>	<input type="text" value="199328.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50651.19"/>	<input type="text" value="50651.19"/>
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)

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).....	31417.32	155721.19
(ii) Unitemized	5967.32	62341.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37384.64	218062.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	15391.42
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	44384.64	233454.27
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).....	0.00	769.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.42	25.69
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))..... ▶	44391.06	234249.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44391.06	234249.30

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	280.03	1078.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	280.03	1078.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	201000.00
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	500.00	-2750.00
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)) ..	68780.03	199328.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68780.03	199328.15

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)	44384.64	233454.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44384.64	233454.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	280.03	1078.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	769.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	280.03	308.81

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

Form/Schedule: F3XA

Transaction ID :

This amended report is in response to the Request for Additional Information dated 9/17/13. This amended report corrects the \$5,000 receipt from the Employers Mutual Casualty Company Political Action Committee that was incorrectly attributed in the original report.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ms. 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 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
 06 / 06 / 2013
Transaction ID : AB8E28BC06D404C8A9F1
 Amount of Each Receipt this Period
50.00

B. Mr. Todd E. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : ABFA2636B09F0462FA74
 Amount of Each Receipt this Period
30.00

C. Mr. Todd E. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : AC99C6F8859864F75B7E
 Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Bruce Albro

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

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

Name of Employer Occupation
 Ohio Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : A92A8E3C3815F4089868

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Thomas Alighieri

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : ABBA54566709B42C5940

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Mr. Thomas Alighieri

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A7C2CC0B304594AE8876

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00

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 9 OF 78
(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. 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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2013
Transaction ID : A89A2DF9DA0C2480A980
Amount of Each Receipt this Period
40.00

B. Ms. Diane Allen
Full Name (Last, First, Middle Initial)
Mailing Address 6101 Anacapri Blvd
City Lansing State MI Zip Code 48917-3994
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2013
Transaction ID : A5A7AA2C711194592AEE
Amount of Each Receipt this Period
55.00

C. Mr. Leonard Almquist
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9062
City Williamsville State NY Zip Code 14231-9062
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie & Niagara Insurance Association Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2013
Transaction ID : A377E9A064D6F4C078EA
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 345.00
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 78
	<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. 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 ▼ **325.00**

Date of Receipt **06 / 04 / 2013**

Transaction ID : A6DF9438685B94594A39

Amount of Each Receipt this Period **325.00**

B. Mr. Michael D. Baker
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 ▼ **300.00**

Date of Receipt **06 / 06 / 2013**

Transaction ID : A9E1F9707FE234A9CAAF

Amount of Each Receipt this Period **50.00**

C. Mr. John S. Benson
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.68**

Date of Receipt **06 / 07 / 2013**

Transaction ID : A9390F99DDD1D48CB9BD

Amount of Each Receipt this Period **115.39**

SUBTOTAL of Receipts This Page (optional)..... **490.39**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 78
<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 One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : A95A06508FB3C46018E6
 Amount of Each Receipt this Period
 115.39

B. Mr. Larry A. Bray CPCU
 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 Wisconsin Reinsurance Corporation Occupation VP of Client Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : AB759EF856AC54034B22
 Amount of Each Receipt this Period
 75.00

C. Ms. Heather Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Personal Lines Territory Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A89B1483C4B4F4F8A85C
 Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional).....▶	195.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<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. Heather Brown
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	Personal Lines Territory Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : A6AF400C4DA5F4778A5E

Amount of Each Receipt this Period
 5.00

B. Mr. Bob I. Buchanan
Full Name (Last, First, Middle Initial)
Mailing Address 6101 Anacapri Blvd

City	State	Zip Code
Lansing	MI	48917-3994

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

Name of Employer	Occupation
Auto-Owners Insurance Company	Senior Vice President, Info. Systems &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : ADB7B7D922EB6447896C

Amount of Each Receipt this Period
 42.00

C. Mr. Mike Bush
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 860

City	State	Zip Code
Bryant	AR	72089-0860

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

Name of Employer	Occupation
Farmers Union Mutual Insurance Company	Vice President/Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : A481C17D8932146DFA2B

Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....	672.00
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 13 OF 78
(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. Ms. Ginny Caro

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 Vice President of Claims Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.92**

Date of Receipt **06 / 14 / 2013**

Transaction ID : **ABBAAFB80B3A5456EBD**

Amount of Each Receipt this Period **41.66**

Full Name (Last, First, Middle Initial)
B. Ms. Ginny Caro

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 Vice President of Claims Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt **06 / 28 / 2013**

Transaction ID : **AC7914E90072847F0A92**

Amount of Each Receipt this Period **41.66**

Full Name (Last, First, Middle Initial)
C. Mr. Charles M. Chamness

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 ▼ **1970.00**

Date of Receipt **06 / 13 / 2013**

Transaction ID : **A76AA8B04F6C547A7A38**

Amount of Each Receipt this Period **90.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **173.32**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<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. Steve H. Chevalier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com 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
 06 / 03 / 2013
Transaction ID : AD7956DA7499E485AB80
 Amount of Each Receipt this Period
1000.00

B. Mr. Thomas Chisholm
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Assistant Vice President & Actuary
 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
 06 / 03 / 2013
Transaction ID : AE94FABDD1CD44801B3D
 Amount of Each Receipt this Period
250.00

C. Mr. Alexander Clark
 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 Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2013
Transaction ID : A2AA1E8146B11477EAC2
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<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 Coe
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : AD0B0398E2D4145B4AF9

Amount of Each Receipt this Period

39.00

B. Mr. Mark Coe
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : AF57652101A5941539DD

Amount of Each Receipt this Period

39.00

C. Mr. Warren Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 633 E Market St

City	State	Zip Code
Harrisonburg	VA	22801-4229

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

Name of Employer	Occupation
Rockingham Mutual Insurance Company	Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

Transaction ID : A5BF96D494E544FE280B

Amount of Each Receipt this Period

250.00

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: (check only one)	PAGE 16 OF 78
	<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. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1254.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : AA5A475CBF90249799C4
 Amount of Each Receipt this Period
 300.00

B. Ms. Debra Cusimano
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Accounting/Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A567346335E314C74A70
 Amount of Each Receipt this Period
 225.00

C. Mr. Kevin Day
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 36
 City Wooster State OH Zip Code 44691-0036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Reserve Mutual Casualty Compan 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
 06 / 03 / 2013
Transaction ID : AC6ECC9DE00994832899
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 78
	<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. Dan DeArment
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 646

City Bedford State PA Zip Code 15522-0646

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2013
Transaction ID : A51AD0DAAB567487AB90

Amount of Each Receipt this Period 250.00

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

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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

Name of Employer Rockford Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 18 / 2013
Transaction ID : A59E8D0F3222742D68F0

Amount of Each Receipt this Period 1100.00

C. Mr. Rick DeGraw
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 COO & Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 14 / 2013
Transaction ID : A9258EBEE342D4BC3B03

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 1391.67

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: PAGE 18 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Rick DeGraw
 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 COO & Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt 06 / 28 / 2013
Transaction ID : A06C41278AB7A4BB3BED
 Amount of Each Receipt this Period 41.67

B. Ms. Rebekah L. Deters
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 207
 City Teutopolis State IL Zip Code 62467-0207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Home Farmers Mutual Insurance Company Occupation Office Manager/Secretary/Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 04 / 2013
Transaction ID : A222EC83C1997453CB43
 Amount of Each Receipt this Period 500.00

c. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.24

Date of Receipt 06 / 13 / 2013
Transaction ID : A674D69501F7242798E4
 Amount of Each Receipt this Period 43.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.15
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 19 OF 78
	<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. Bernie Dochnahl
 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 Board of Trustees
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A1DB483270418485FAE5
 Amount of Each Receipt this Period
 1000.00

B. Mr. Charles W. Drier
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A9797C1327FA2426CB6D
 Amount of Each Receipt this Period
 75.00

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) ▼
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : ACF1CD4B2272046BD92E
 Amount of Each Receipt this Period
 96.16

SUBTOTAL of Receipts This Page (optional).....▶	1171.16
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : A3D3836A0FF4747F9B01
 Amount of Each Receipt this Period
 77.00

B. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : AA8401771FBCF4918B9D
 Amount of Each Receipt this Period
 77.00

C. 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A8317EDF096304440A1B
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 78
(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. Stephen F. Fabian

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3544

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

Name of Employer Occupation
 Harford Mutual Insurance Company Vice President, Chief Information Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A437F3C0BE9D84A28A7D

Amount of Each Receipt this Period
 55.56

Full Name (Last, First, Middle Initial)
B. Ms. Gayle Fisher

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-Life Operatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A6B16BEBEE2DF47D6A3E

Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
C. Mr. George W. Francis

Mailing Address 101 High St

City State Zip Code
 Norwich CT 06360-5605

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

Name of Employer Occupation
 New London County Mutual Insurance Com Vice President-Marketing & Commercial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : AC7E44840BEE9485B8BD

Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.56

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

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

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

FOR LINE NUMBER: PAGE 22 OF 78
(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. Daniel Frost

Mailing Address 306 N Johnson St

City State Zip Code
 Harvard IL 60033-2903

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

Name of Employer Occupation
 Dunham & Chemung Mutual Insurance Comp CEO/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 03 / 2013
Transaction ID : A97D1A4EAA5A6470EA16

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Philip M. Fullenkamp

Mailing Address 1 Insurance Sq

City State Zip Code
 Celina OH 45822-1659

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

Name of Employer Occupation
 The Celina Mutual Insurance Company Senior Vice President - CFO and Treasu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 07 / 2013
Transaction ID : A21B0955F40D04318AEA

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2300 Garden Rd

City State Zip Code
 Monterey CA 93940-5326

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

Name of Employer Occupation
 California Capital Insurance Company President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 03 / 2013
Transaction ID : A9E93CB2FA8D149D287C

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Randy Gerdes
 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 Vice President of Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : ABF8ABF609BC743A7BB8
 Amount of Each Receipt this Period
 20.84

B. Mr. Randy Gerdes
 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 Vice President of Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : A80F479D4B1DB4650840
 Amount of Each Receipt this Period
 20.84

C. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : ABCFC62F7AB164D0F888
 Amount of Each Receipt this Period
 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.15
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 24 OF 78
	<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. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 21 / 2013**
Transaction ID : A0F32BE6085CF4E6A821
 Amount of Each Receipt this Period **38.47**

B. Ms. Linda Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **06 / 03 / 2013**
Transaction ID : A72C6FCAC792145E2AE1
 Amount of Each Receipt this Period **225.00**

C. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1022.02**

Date of Receipt **06 / 13 / 2013**
Transaction ID : ACB9F9F99AE324437B26
 Amount of Each Receipt this Period **113.64**

SUBTOTAL of Receipts This Page (optional)..... **377.11**
TOTAL This Period (last page this line 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 78
(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. Jonathan C. Grether MSIM, CPCU

Mailing Address PO Box 370

City State Zip Code
 Algona IA 50511-0370

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

Name of Employer Occupation
 Pharmacists Mutual Insurance Company COO

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
 06 / 04 / 2013

Transaction ID : AA10AC573D6A0478AB28

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
B. Mr. E. Bulkeley Griswold

Mailing Address PO Box 40

City State Zip Code
 Norwich CT 06360-0040

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

Name of Employer Occupation
 New London County Mutual Insurance Com Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : A3B1236DC764840DC92D

Amount of Each Receipt this Period
 375.00

Full Name (Last, First, Middle Initial)
c. Mr. Ron D. Hallenbeck CPCU

Mailing Address PO Box 712

City State Zip Code
 Des Moines IA 50306-0712

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

Name of Employer Occupation
 Employers Mutual Casualty Company Vice President

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
 06 / 03 / 2013

Transaction ID : AD18A50BE0F3D42DB8CB

Amount of Each Receipt this Period
 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 78
(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. William Hanby

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 Chief Information Officer

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
 06 / 04 / 2013
Transaction ID : A90A27411B5EA49A883B

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : A932A1325559E41409FD

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
c. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A0C4F98E0944542BD973

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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 27 OF 78
	<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. Dan Hernandez
 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 Vice President, Small Business Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : A0F4B503ACC204DD3B76
 Amount of Each Receipt this Period
 20.83

B. Mr. Dan Hernandez
 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 Vice President, Small Business Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : A7D35AAB77FB844FC8B1
 Amount of Each Receipt this Period
 20.83

C. Mr. David F. Honold
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : A37BA05D920AB404387A
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	118.59
TOTAL This Period (last page this line 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 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Mr. David F. Honold
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.09**

Date of Receipt **06 / 21 / 2013**
Transaction ID : ABB15061891E8409989E
Amount of Each Receipt this Period **76.93**

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

Date of Receipt **06 / 04 / 2013**
Transaction ID : AAED9BF8C2FEF47A1B17
Amount of Each Receipt this Period **250.00**

C. Mr. Richard D. Hundven
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 432
City Buckley State WA Zip Code 98321-0432
FEC ID number of contributing federal political committee. **C**
Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President - Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 03 / 2013**
Transaction ID : A631C8DD4D5204E0D873
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line 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 29 OF 78
(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. Timothy R. Hyle CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City State Zip Code
 New Berlin NY 13411-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Preferred Mutual Insurance Company Director of Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A958DB4297E024120ABF
 Amount of Each Receipt this Period
 50.00

B. Ms. Judy S. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address PMB 595
 3823 Tamiami Trail East
 City State Zip Code
 Naples FL 34112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New London County Mutual Insurance Com Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A84066A0FC410402390C
 Amount of Each Receipt this Period
 375.00

C. Ms. Theresa Jakubick
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City State Zip Code
 Bucyrus OH 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Mutual Insurance Company Project Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A38F875577F764F71ACC
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 445.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 78
	<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. Theresa Jakubick
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City State Zip Code
 Bucyrus OH 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Mutual Insurance Company Project Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : A55C5975A9A9C4D94B14
 Amount of Each Receipt this Period
 20.00

B. Mr. David B. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Idlewood Blvd
 City State Zip Code
 Staunton VA 24401-9355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Augusta Mutual Insurance Company 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
 06 / 03 / 2013
Transaction ID : AA7797CCC6DE849749EE
 Amount of Each Receipt this Period
 500.00

C. Dina L. Johnson
 Full Name (Last, First, Middle Initial)
 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 Assistant Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A31EF64ADFFC6498AB92
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00
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 31 OF 78
(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

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. Mark Johnston

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran State Affairs Manager, Midwest Region

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
06 / 13 / 2013

Transaction ID : A3221AF927AEB422996F

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Rick Jones

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 EVP - Chief Sales & Business Developme

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : A9900170A3F6F4007A2A

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
C. Mr. Rick Jones

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 EVP - Chief Sales & Business Developme

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : AA70AC82E36F7475FB36

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 78
	<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. 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
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2013

Transaction ID : A8FB63CD7EEFC4EAA8D!

Amount of Each Receipt this Period
45.46

B. Mr. Patrick D. Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

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

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

Name of Employer Rockford Mutual Insurance Company	Occupation Litigation Manager
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2013

Transaction ID : A46CEDCA8320A40E9BCA

Amount of Each Receipt this Period
250.00

C. Mr. Patrick D. Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

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

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

Name of Employer Rockford Mutual Insurance Company	Occupation Litigation Manager
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : AFD809248ACED45CBA66

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	315.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 33 OF 78
(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. Drew A. Klasing

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 Manager, Home Office Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
06 / 06 / 2013
Transaction ID : A30E86AC29DBF4B89A40

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Mr. Kraig T. Klopfenstein

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 Sales/Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
06 / 06 / 2013
Transaction ID : A0FA91C8A2B394A81AFA

Amount of Each Receipt this Period
75.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
06 / 07 / 2013
Transaction ID : A410CCFF05A554798BA8

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional)..... **153.00**

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

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

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

FOR LINE NUMBER: PAGE 34 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : A4B1EC9BC04F24B9FB4F
 Amount of Each Receipt this Period
 38.00

B. Mr. George Kowalsky
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : AE8EBEDB2BF6847D9AA8
 Amount of Each Receipt this Period
 225.00

C. Mr. Harvey Kroiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Roscommon Rd
 City Bryn Mawr State PA Zip Code 19010-1844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran 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
 06 / 06 / 2013
Transaction ID : ABE283BBEDC654721B16
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 763.00
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 78
<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. Justin L. Lear PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 396

City State Zip Code
Ellinwood KS 67526-0396

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

Name of Employer Occupation
Farmers Mutual Insurance Company CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : A24AC936EA80B44D7992

Amount of Each Receipt this Period
300.00

B. Mr. Steven D. Linkous
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3544

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

Name of Employer Occupation
Harford Mutual Insurance Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1145.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : AF433AD69644D4E9FAFD

Amount of Each Receipt this Period
309.00

C. Mr. Jeffrey Lopata
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1896

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

Name of Employer Occupation
Preferred Mutual Insurance Company Manager - Commercial Lines E-Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2013

Transaction ID : A1D40BDCBB5FA4D72854

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	649.00
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 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Robert H. Lowe
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9062

City Williamsville	State NY	Zip Code 14231-9062
-----------------------	-------------	------------------------

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

Name of Employer Erie & Niagara Insurance Association	Occupation VP/Secretary
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

Transaction ID : A81ED3B125A9E4436B97

Amount of Each Receipt this Period
250.00

B. Mr. Tim Lynch
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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2013

Transaction ID : ACDBAE22AB6B04E9ABB

Amount of Each Receipt this Period
35.00

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 Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2013

Transaction ID : A48638A017BBF4651AC0

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	385.00
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 37 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Joel Matthies
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation Vice President - Information Technolog
 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
 06 / 06 / 2013
Transaction ID : A0C8BE49DFFE4427B897
 Amount of Each Receipt this Period
 60.00

B. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : A50AB81A89429467C95C
 Amount of Each Receipt this Period
 38.47

C. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : AE53164EFF6054EC5B57
 Amount of Each Receipt this Period
 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.94
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 78
	(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

Full Name (Last, First, Middle Initial) A. Mr. Joseph McCrea		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2013
Mailing Address 1 Commerce Sq		Transaction ID : AA0DB6B8C400244E3AA3
City Philadelphia	State PA	Zip Code 19103-7042
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Senior Vice President- Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Sherry L. McKenzie AAM, AIS		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2013
Mailing Address PO Box 30660		Transaction ID : A05BCA74C86CA46E18FA
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Brian S. McLeod		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2013
Mailing Address One Mutual Avenue		Transaction ID : AEBAF4F848A0041AABFA
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 38.50
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, Secretary & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

SUBTOTAL of Receipts This Page (optional).....▶	338.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 78
	<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

Full Name (Last, First, Middle Initial) A. Mr. Brian S. McLeod		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : A028CF747E3104376803
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.50"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Mark McWethy CPA, CPCU		Date of Receipt
Mailing Address PO Box 5626		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockford	IL	61125-0626
FEC ID number of contributing federal political committee.		Transaction ID : A57733FDB1BA944D9ACF
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Rockford Mutual Insurance Company	Controller/CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. W. Neal Menefee		Date of Receipt
Mailing Address 633 E Market St		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Harrisonburg	VA	22801-4229
FEC ID number of contributing federal political committee.		Transaction ID : A74D77461BDA74481979
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Rockingham Mutual Insurance Company	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="788.50"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 78
	<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
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : A8329D0B1B3174C87981
 Amount of Each Receipt this Period
2500.00

B. Mr. David Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A942A795A982949C385D
 Amount of Each Receipt this Period
40.00

C. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **505.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A38AC0B8158DA41F2937
 Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... **2585.00**
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 78
	<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. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : A9942DA8DA425402D8AD
 Amount of Each Receipt this Period
 45.00

B. Mr. William W. Montgomery
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Insurance Sq
 City Celina State OH Zip Code 45822-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Celina Mutual Insurance Company Occupation Chairman, President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : AFF01D5B2C42C4E9FAAF
 Amount of Each Receipt this Period
 250.00

C. Mr. Charles Munday
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 211
 City Bryan State TX Zip Code 77806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RVOS Farm Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : AD76BC0F837FA4E6F9BB
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	545.00
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 78
	<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. Roger E. Needham AIC, AIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 666
 City Forreston State IL Zip Code 61030-0666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forreston Mutual Insurance Company Occupation Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 04 / 2013
Transaction ID : AABCA0012D0604089B67
 Amount of Each Receipt this Period 225.00

B. Mr. Dennis Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 03 / 2013
Transaction ID : AEFAD95FB77C4BD5A85
 Amount of Each Receipt this Period 255.00

C. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 03 / 2013
Transaction ID : AECC95052A40D4C74A99
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.00
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 43 OF 78
	(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"/> 16
		<input type="checkbox"/> 17

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

A. Duc Ngo
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 40
City Norwich State CT Zip Code 06360-0040
FEC ID number of contributing federal political committee. **C**
Name of Employer New London County Mutual Insurance Com Occupation Assistant Vice President of IT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 03 / 2013**
Transaction ID : A419B4E0C10D546C4BC5
Amount of Each Receipt this Period **250.00**

B. Mr. Robert F. Ohler
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3544
FEC ID number of contributing federal political committee. **C**
Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.34**

Date of Receipt **06 / 13 / 2013**
Transaction ID : A6DE882581978423AB3C
Amount of Each Receipt this Period **55.56**

C. Mr. Norman Orlowski
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9062
City Williamsville State NY Zip Code 14231-9062
FEC ID number of contributing federal political committee. **C**
Name of Employer Erie & Niagara Insurance Association Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 04 / 2013**
Transaction ID : A3F27BAD8AF814D79AF5
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **555.56**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 78
	(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

Full Name (Last, First, Middle Initial)
A. Francis Pandolfi

Mailing Address PO Box 40

City State Zip Code
Norwich CT 06360-0040

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

Name of Employer Occupation
New London County Mutual Insurance Com Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2013
Transaction ID : AF64C766E9CFD45478AB

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
B. Mr. James Parylak

Mailing Address PO Box 40

City State Zip Code
Norwich CT 06360-0040

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

Name of Employer Occupation
New London County Mutual Insurance Com Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2013
Transaction ID : ADA81CF6D9FA744CD90A

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 498

City State Zip Code
Council Bluffs IA 51502-0498

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

Name of Employer Occupation
Western Iowa Mutual Insurance Associat President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2013
Transaction ID : A4C11F579A2734C48BD3

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	725.00
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 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert T. Ramsdell CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City State Zip Code
 Norwich CT 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New London County Mutual Insurance Com Chairman
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : AE68ADDE1EFAD40B5960
 Amount of Each Receipt this Period
 325.00

B. Mr. Jonathan R. Riekse
 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, Personal Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : AD52B969D1997445C96C
 Amount of Each Receipt this Period
 80.00

c. Mr. L. Gerald Roach CPCU, FLMI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City State Zip Code
 Richmond VA 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mutual Assurance Society of Virginia President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : AF7F6D991450B45968DE
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 655.00
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 46 OF 78
(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. Malcolm Rowland AIC

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 Vice President-Reinsurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A223F4038C28A495F932

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
United Ohio Insurance Company Claims Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A1433F5B17215467685B

Amount of Each Receipt this Period
25.00

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

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
United Ohio Insurance Company Claims Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : AEA826DB92F004B1EA70

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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 47 OF 78
	<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. Timothy B. Salge
Full Name (Last, First, Middle Initial)

Mailing Address 309 E San Antonio St

City State Zip Code
New Braunfels TX 78130-4537

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

Name of Employer Occupation
Farmers Mutual Fire Insurance Associat President/General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2013
Transaction ID : A07D833264972458B96F

Amount of Each Receipt this Period
250.00

B. Ms. Linda M. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 500 South US Highway 77-A

City State Zip Code
Yoakum TX 77995-1318

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

Name of Employer Occupation
Hochheim Prairie Farm Mutual Insurance CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2013
Transaction ID : AEE7EC2DA27DC467E9B2

Amount of Each Receipt this Period
250.00

C. Mr. Kenneth Schroeder
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, Commercial Unde

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2013
Transaction ID : A59D27FA52916459FAF0

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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 48 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. James C. Schumacher
 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 Director - Agency Systems
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A39978EC35D0643FB9A3
 Amount of Each Receipt this Period
 40.00

B. Ms. Judy Schumacher
 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 Assistant Vice President, Administrati
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : AC74B54BAF6444344A96
 Amount of Each Receipt this Period
 20.85

C. Ms. Judy Schumacher
 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 Assistant Vice President, Administrati
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 271.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : AA3BD668B37A542629AE
 Amount of Each Receipt this Period
 20.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.70
TOTAL This Period (last page this line 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 78
	<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

Full Name (Last, First, Middle Initial) A. Mr. Frederick Schunter		Date of Receipt
Mailing Address 1460 Wells St		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Enumclaw	WA	98022-3003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A10353ADBC55349C2A7A
Name of Employer Mutual of Enumclaw Insurance Company		Amount of Each Receipt this Period
Occupation Director		<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Kent B. Shantz		Date of Receipt
Mailing Address PO Box 5626		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockford	IL	61125-0626
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A133201456B954E1985A
Name of Employer Rockford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Vice President of Operations		<input type="text" value="117.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Martin Shapiro		Date of Receipt
Mailing Address PO Box 40		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Norwich	CT	06360-0040
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A0CD26D2FED3D4518881
Name of Employer New London County Mutual Insurance Com		Amount of Each Receipt this Period
Occupation Director		<input type="text" value="375.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="532.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 78
	<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. William D. Sheldon
 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 General Counsel and Chief Compliance O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : AE4088F43461E485685A
 Amount of Each Receipt this Period
 20.83

B. Mr. William D. Sheldon
 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 General Counsel and Chief Compliance O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : A38BAE5E2ACF047A4894
 Amount of Each Receipt this Period
 20.83

C. Mr. Gregory Shell
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A94759A99BBFF4234937
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	83.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 78
(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. Dwight Shore

Mailing Address PO Box 217

City Marshall State IL Zip Code 62441-0217

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

Name of Employer Marshall Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : A056774B03FB64C20B90

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Ms. Eileen M. Sleutaris

Mailing Address 1 Commerce Sq

City Philadelphia State PA Zip Code 19103-7042

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A22D62126CB7146F1A87

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mr. Steven C. Sliver CPA

Mailing Address PO Box 577

City Huntingdon State PA Zip Code 16652-0577

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

Name of Employer Mutual Benefit Insurance Company Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : ADB8E3D9DFAB44F6B8DE

Amount of Each Receipt this Period
 625.00

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:	PAGE 52 OF 78
	(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

Full Name (Last, First, Middle Initial) A. Mr. Donald A. Smith Jr.		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		Transaction ID : A6F9F51BDB6244A428E1
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Donald A. Smith Jr.		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AD17B42C093CF47409DD
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. John K. Smith CRM, CIC,		Date of Receipt
Mailing Address 1 Commerce Sq		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Philadelphia	PA	19103-7042
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A9B05A029DD4C4BF5A23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Pennsylvania Lumbermens Mutual Insuran	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="840.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="285.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 78
	<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. John K. Smith CRM, CIC,
Mailing Address 1 Commerce Sq

City Philadelphia	State PA	Zip Code 19103-7042
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.00	

Date of Receipt
06 / 06 / 2013
Transaction ID : AB058ABE27EE2483391A

Amount of Each Receipt this Period
75.00

B. Mr. John K. Smith CRM, CIC,
Mailing Address 1 Commerce Sq

City Philadelphia	State PA	Zip Code 19103-7042
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

Date of Receipt
06 / 18 / 2013
Transaction ID : A545F7A970A184F3FBE7

Amount of Each Receipt this Period
75.00

C. Mr. John K. Smith CRM, CIC,
Mailing Address 1 Commerce Sq

City Philadelphia	State PA	Zip Code 19103-7042
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1065.00	

Date of Receipt
06 / 20 / 2013
Transaction ID : AD3DACB51C46A45C58CA

Amount of Each Receipt this Period
75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 78
	<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. Franklin P. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City State Zip Code
 Norwich CT 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New London County Mutual Insurance Com Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : AD9EE9C7D40FD4233AD7
 Amount of Each Receipt this Period
 500.00

B. Ms. Irica Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City State Zip Code
 Washington DC 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Vice President of Federal and Politica
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 407.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : AF4B7CE014CDC4B7F9C1
 Amount of Each Receipt this Period
 45.46

C. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Vice President - Member Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : AA08F5E36AB594F74BE5
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	565.46
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 55 OF 78
	<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. James Stabler
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 Vice President, Chief Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 14 / 2013
Transaction ID : AB476924B234E4F8A9A5

Amount of Each Receipt this Period 20.84

B. Mr. James Stabler
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 Vice President, Chief Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.92

Date of Receipt 06 / 28 / 2013
Transaction ID : A9C281ADE116F42ECA5D

Amount of Each Receipt this Period 20.84

c. Mr. Douglas E. Steele CIC, PFMM
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Weed Ln

City Vincennes State IN Zip Code 47591-5066

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

Name of Employer Farmers Home Insurance Company of Knox Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 06 / 03 / 2013
Transaction ID : A712713650A674B858BE

Amount of Each Receipt this Period 1075.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1116.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Robert H. Steele
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40

City State Zip Code
Norwich CT 06360-0040

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

Name of Employer Occupation
New London County Mutual Insurance Com Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2013

Transaction ID : A36BDE81BC1E14899A9F

Amount of Each Receipt this Period
375.00

B. Mr. Robert G. Street AIM
Full Name (Last, First, Middle Initial)

Mailing Address 29 Creighton Ave

City State Zip Code
Foxboro MA 02035-1405

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2013

Transaction ID : AD7078AEA8DB8413594A

Amount of Each Receipt this Period
20.00

C. Mr. Robert G. Street AIM
Full Name (Last, First, Middle Initial)

Mailing Address 29 Creighton Ave

City State Zip Code
Foxboro MA 02035-1405

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : A66CB6CCA158F4CDFB05

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 415.00

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 78
	<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. 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 ▼ 1193.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : AFA1851B0C1D5411C961
 Amount of Each Receipt this Period
 96.15

B. 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 ▼ 263.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A804E42E1A446402AAE7
 Amount of Each Receipt this Period
 52.63

C. 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 ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A3BB2CECFD4AE4E1392F
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 233.78
TOTAL This Period (last page this line 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 58 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

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

Name of Employer Occupation
 National Association of Mutual Insuran State Affairs Manager/Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A35BB08F8F3434280B52

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Mr. Daniel J. Thelen

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 of Human Resourc

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
 06 / 06 / 2013
Transaction ID : AAC938FD4053C402BA1F

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Mr. Joe Thesing

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : A920418149A9947C6AB5

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

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

FOR LINE NUMBER:	PAGE 59 OF 78
(check only one)	
<input checked="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	<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. Bruce D. Thomas PFMM		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2013 Transaction ID : A202E42C1A38E4416B03
Mailing Address PO Box 594		Amount of Each Receipt this Period 75.00
City Algona	State IA	Zip Code 50511-0594
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Mutual Insurance Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) B. Mr. Bruce D. Thomas PFMM		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2013 Transaction ID : A9D3692CDA680477A9F4
Mailing Address PO Box 594		Amount of Each Receipt this Period 100.00
City Algona	State IA	Zip Code 50511-0594
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Mutual Insurance Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) C. Mr. Randall Trinklein		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2013 Transaction ID : A4BCE40ED39374DCB8A4
Mailing Address One Mutual Avenue		Amount of Each Receipt this Period 39.00
City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....	214.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 78
	<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. Randall Trinklein
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 21 / 2013**

Transaction ID : AE3CB199B536941ECAC2

Amount of Each Receipt this Period **39.00**

B. Ms. Pamela L. Turner
Full Name (Last, First, Middle Initial)

Mailing Address 633 E Market St

City Harrisonburg State VA Zip Code 22801-4229

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

Name of Employer Rockingham Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 04 / 2013**

Transaction ID : ABBC436BE9F3B47C3B55

Amount of Each Receipt this Period **250.00**

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

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 03 / 2013**

Transaction ID : A0C8E994BCA1F451E81B

Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **349.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 78
	<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. James J. Walsh Jr.
 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-Claims
 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
 06 / 06 / 2013
Transaction ID : AF21CE73B5A00464F83B
 Amount of Each Receipt this Period
 50.00

B. 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A587BDC54209C458CBDC
 Amount of Each Receipt this Period
 45.00

C. Mr. Mark Wenger
 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 and Chief P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A74B5D5B139BB481F9C1
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert A. White CIC, ARM,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 S Wacker Dr Ste 2380
 City Chicago State IL Zip Code 60606-4617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Nonprofit Insurance Company
 Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2013
Transaction ID : AF676CD9819BF48D88BE
 Amount of Each Receipt this Period 50.00

B. Mr. Noel A. Williams
 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 Vice President of Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 14 / 2013
Transaction ID : AAF66D9D3B6A04607BDE
 Amount of Each Receipt this Period 20.83

C. Mr. Noel A. Williams
 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 Vice President of Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt 06 / 28 / 2013
Transaction ID : AB7213F29D2D741C0B12
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.66
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 63 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. William Woodbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapi Blvd
 City Lansing State MI Zip Code 48917-3968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation SVP, Assoc. Secretary & Assoc. General
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : ACFE3F0A7239B4FCDA17
 Amount of Each Receipt this Period
 84.00

B. Mr. Jeffrey S. Wrobel SR, CPC, A
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : A602CCDACD4204075831
 Amount of Each Receipt this Period
 42.00

C. Mr. Don Yewell
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : AD4BBCD9013124927BAD
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1126.00
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 64 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Jerry G. Zenke PFMM

Mailing Address **PO Box 708**

City **Houston** State **MN** Zip Code **55943-0708**

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

Name of Employer **Mound Prairie Mutual Insurance Company** Occupation **General Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 03 / 2013

Transaction ID : A4FCFFA57426B45E0937

Amount of Each Receipt this Period
150.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	31417.32

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 78
<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. Employers Mutual Casualty Company Committee for Responsible Federal Government

Full Name (Last, First, Middle Initial)
Mailing Address 717 Mulberry Street

City Des Moines	State IA	Zip Code 50309
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : AA26DDC5BE83740B5897

Amount of Each Receipt this Period
5000.00

B. Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 6785 Westown Parkway

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

FEC ID number of contributing federal political committee. **C** C00117614

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : A88FD0FCF54CB40A9AF2

Amount of Each Receipt this Period
2000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2013

Transaction ID : BDEC8B9E531E04D3D91A

Amount of Each Disbursement this Period

152.12

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2013

Transaction ID : BDB96371415814ADF986

Amount of Each Disbursement this Period

120.41

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

272.53

272.53

**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

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. ACTON PAC

Mailing Address P.O. BOX 442

City State Zip Code
Sharpsburg GA 30277-0442

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : BE07154CAB5584ACB848

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address PO Box 17813

City State Zip Code
Richmond VA 23226-7813

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Eric I. Cantor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA

District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : BB020E23B6AE44609A59

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : B0FDF73E307824897B43

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

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

9	5	0	0	0	0	0	0	0	0
9	5	0	0	0	0	0	0	0	0

9	5	0	0	0	0	0	0	0	0
9	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. David A. Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : BA8A1F5D3C36C45E8B24

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : B6C22486D30C049C2953

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Duffy for Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Sean P. Duffy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : B2ECBAECDBB164433A21

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR GREGORY MEEKS

Mailing Address 153-01 JAMAICA AVE. SUITE 535

City JAMAICA State NY Zip Code 11432

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Gregory W. Meeks

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : BBD51226E487446B2B4C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN KILDEE

Mailing Address P.O. BOX 248

City FLINT State MI Zip Code 48501

Purpose of Disbursement
Political Contribution

Candidate Name

Daniel T Kildee

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : B59351FD3089E49978F1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. John Barrasso

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : B75A911B41F0142FA81F

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
Political Contribution

Candidate Name

Patrick Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2013

Transaction ID : BF3A7DA8C399C45CAA91

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Todd C. Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2013

Transaction ID : B2484985AC34A4F06909

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gardner for Congress

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539-2408

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Cory Gardner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2013

Transaction ID : B6E920FECB96F4555922

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jim D. Jordan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : B811687BA75804BCBB08

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jim B. Renacci

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : B4713974109024EB0A2C

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JOBS GROWTH AND FREEDOM FUND

Mailing Address 815 A BRAZOSPMB 550

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District: Other2013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : BC5914CEE107E4A9881B

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Adam D. Kinzinger

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 16

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : BA7752351AEE443B983C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LIBERTY PROJECT

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District: Other2013

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2013

Transaction ID : B5AA16B310D544ECEAA2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Majority Committee Pac--Mc Pac

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District: Other2013

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : B6ADC80229A844EDBA47

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 KELLY FOR CONGRESS

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Mike Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : BE5F63B42FE9744E7884

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. MODERATE DEMOCRATS PAC

Mailing Address 303 MASSACHUSETTS AVENUE, NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District: Other2013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : BF9241D6334624AB3990

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District: Other2013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : BE9C63698906D4ED0BA7

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

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

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Pete A. Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : B234C944F90F843AEB23

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : B46F9B6552523458E97A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Renee J. Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2013

Transaction ID : B1DFF685223754C159BB

Amount of Each Disbursement this Period

1000.00

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. Republican Mainstreet Partnership Pac

Mailing Address C/O G & W 2201 Wisconsin Ave., NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2013

Transaction ID : **BFCAA586B657D4D4A878**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Peter J. Roskam

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2013

Transaction ID : **BF4CC2126B20C43AB841**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCOTT PAC

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860-0905

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : **BD0D321C5A5AA4EADB9.**

Amount of Each Disbursement this Period

2500.00

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. Sherman for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Brad J. Sherman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : BB883F11C57A44D79AB1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Southerland for Congress

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve Southerland II

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : B5E5A28D7518648EABD3

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. STUTZMAN FOR CONGRESS

Mailing Address PO BOX 129

City Howe State IN Zip Code 46746-0129

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Marlin A. Stutzman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : BDABC3CAE0A684065919

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. The Freedom Project

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : B39E90F68F97443D19B6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Tom W. Reed II

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2013

Transaction ID : B5160AE646E624F39A39

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TRUST PAC

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : BB0BAF7BC819D4884B05

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

68000.00

**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. Dempsey for Senate

Mailing Address Two Westbury Drive

City State Zip Code
Saint Charles MO 63301-2558

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : BD8CC9D71F8644EEBA8A

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Election Fund of Senator Raymond J. Lesniak

Mailing Address 530 Irvington Avenue

City State Zip Code
Elizabeth NJ 07208-2139

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : BCC14D350DD774D0BBFB

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

1000.00

1000.00