

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) 3601 Vincennes Road PO Box 68700 Indianapolis IN 46268

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00170258

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

4. TYPE OF REPORT (Choose One)

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

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), 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), General (12G), Runoff (12R), Convention (12C), Special (12S)

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 01 / 2015 through 11 / 30 / 2015

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 12 / 15 / 2015

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="78506.16"/>	<input type="text" value="78506.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="99544.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19863.13"/>	<input type="text" value="505490.93"/>
(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="119407.51"/>	<input type="text" value="583997.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35035.45"/>	<input type="text" value="499625.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84372.06"/>	<input type="text" value="84372.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10982.40	343109.74
(ii) Unitemized	938.49	100131.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11920.89	443241.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	60000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19420.89	503241.63
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).....	438.63	2206.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.61	42.80
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))..... ▶	19863.13	505490.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19863.13	505490.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	535.45	6875.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	535.45	6875.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	451500.00
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	1250.00
(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	1250.00
29. Other Disbursements	0.00	40000.00
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)) ..	35035.45	499625.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35035.45	499625.03

DETAILED SUMMARY PAGE
of Disbursements

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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)	19420.89	503241.63
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19420.89	501991.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	535.45	6875.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	438.63	2206.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96.82	4668.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 88
<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. Ms. Cathy M. Adcock		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.		Transaction ID : A04A52A66492748BDAC7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	
Auto-Owners Insurance Company	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="935.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Todd E. Albert		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : A8681FBAC1EEA4FD39F8
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Chief Information Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="690.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Todd E. Albert		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : A9959A45E1FBD4B90A6E
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Chief Information Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 88
(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. Thomas Alighieri

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 11 / 13 / 2015
Transaction ID : A0CAD520D9F1D42ABB21

Amount of Each Receipt this Period
20.00

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt
 11 / 16 / 2015
Transaction ID : AC416461C867549D4AFD

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Mr. Richard Alleman

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Director, Network Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 11 / 13 / 2015
Transaction ID : A66A017066A7B4124B1A

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Ms. Diane Allen
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 Vice President-Personnel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **730.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : ABAAA5037350D40F089E
Amount of Each Receipt this Period **70.00**

B. Mr. Rick A. Arens
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 Underwriting Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : AABF5B75E60C84A5495F
Amount of Each Receipt this Period **25.00**

C. Ms. Laura Grace Ashton
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 PAC Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **315.50**

Date of Receipt **11 / 16 / 2015**
Transaction ID : AABD2C2E4C10F4A6B90D
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **115.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 88
	<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. Lisa M Ayotte
 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 **462.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : A31DB32BBD0874FD4963
 Amount of Each Receipt this Period **42.00**

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 **580.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : A1F7CFF86FF424B51B16
 Amount of Each Receipt this Period **60.00**

C. Mr. Erik Barker
 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 Account Manager - Membership & Insuran
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **221.26**

Date of Receipt **11 / 16 / 2015**
Transaction ID : ABADE1DE07C2F4DB2B26
 Amount of Each Receipt this Period **9.62**

SUBTOTAL of Receipts This Page (optional)..... **111.62**
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 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **330.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : A558401D407EB470EA33

Amount of Each Receipt this Period **30.00**

Full Name (Last, First, Middle Initial)
B. Ms. Sara Begley

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 Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **218.66**

Date of Receipt **11 / 19 / 2015**

Transaction ID : AF4EDB3418E2140FCBFB

Amount of Each Receipt this Period **10.42**

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **770.88**

Date of Receipt **11 / 12 / 2015**

Transaction ID : A7CFEFB437D494C2DBED

Amount of Each Receipt this Period **66.66**

SUBTOTAL of Receipts This Page (optional)..... **107.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 88
	<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. John S. Benson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Mutual Ave
City Frankenmuth State MI Zip Code 48787-1000
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2691.00

Date of Receipt 11 / 06 / 2015
Transaction ID : A9287651A56EB4D49B47
Amount of Each Receipt this Period 117.00

B. Mr. John S. Benson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Mutual Ave
City Frankenmuth State MI Zip Code 48787-1000
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2808.00

Date of Receipt 11 / 20 / 2015
Transaction ID : A50366320A6894924815
Amount of Each Receipt this Period 117.00

C. Mr. Jake Black
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 968
City Concordia State MO Zip Code 64020-0968
FEC ID number of contributing federal political committee. **C**
Name of Employer CFM Insurance, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 09 / 2015
Transaction ID : A9872C232D71B418DBDC
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 88
	<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. Don W. Blackwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana Lumbermens Mutual Insurance Co Occupation Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : A6E7B8C3F49AA491B961
 Amount of Each Receipt this Period
 200.00

B. Ms. Diane Boucher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 158
 City McIntosh State MN Zip Code 56556-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KingTown Farmers Mutual Fire Insurance 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
 11 / 24 / 2015
Transaction ID : A1489D5F9E0A14B5088A
 Amount of Each Receipt this Period
 500.00

C. Mr. Alan Brudelic
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Downtown Plz
 City Fairmont State MN Zip Code 56031-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : A528420B7AFF47BBAE4
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	720.00
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 88
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Ms. Tina Brumley

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 05 / 2015
Transaction ID : A3177908D566449C5AC9

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mr. Stephen Buell

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.00

Date of Receipt
11 / 05 / 2015
Transaction ID : AC058661B442A41FCA98

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer Occupation
Western National Mutual Insurance Comp Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
11 / 12 / 2015
Transaction ID : A115F19F0CEAF4E1EA20

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.00

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 14 OF 88
(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. Jared Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 N Wooster St
 City Algona State IA Zip Code 50511-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heartland Mutual Insurance Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 16 / 2015
Transaction ID : AE121DFE21D9649D2ABF
 Amount of Each Receipt this Period 50.00

B. Ms. Ginny Caro
 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 Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.71

Date of Receipt 11 / 19 / 2015
Transaction ID : AC0400131F89942E79A7
 Amount of Each Receipt this Period 20.83

c. Ms. Susan Cavanagh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1463
 City Minneapolis State MN Zip Code 55440-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western National Mutual Insurance Comp Occupation Director of Claim Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 12 / 2015
Transaction ID : AFC8FF222046C4796AD1
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.83
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2070.00	

Date of Receipt
11 / 16 / 2015
Transaction ID : A006D6F9EC59445A2A0D

Amount of Each Receipt this Period
90.00

B. Mr. John Charamella
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 Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt
11 / 05 / 2015
Transaction ID : A23CC92650A9A4CF2A82

Amount of Each Receipt this Period
30.00

C. Mr. Peter Chung
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C		
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Personal Lines Business Unit Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
11 / 13 / 2015
Transaction ID : A1DEF18F9E8B94B119FD

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 88
<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. Mark Coe
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation IT Manager
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : A5E010D2D36044C168DF

Amount of Each Receipt this Period

39.00

B. Mr. Mark Coe
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation IT Manager
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

Transaction ID : AA23059BC74264590829

Amount of Each Receipt this Period

39.00

C. Mr. Jeff Cole
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 - Pittsburgh B
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : ACAA2EEBE652F41E6B9C

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	108.00
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 88
	<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. Lea Coll
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 General Accounting Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.35	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2015
Transaction ID : A17F8F1B3E1C34223BF4

Amount of Each Receipt this Period
9.62

B. Ms. Lea Coll
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 General Accounting Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.97	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 18 / 2015
Transaction ID : AE97AF6DEE24B45F894F

Amount of Each Receipt this Period
9.62

c. Mr. David N. Cote Esq., AIC
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C		
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Corporate Secretary, NE Division Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2015
Transaction ID : A22A5CDA13A7045C19A0

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	39.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Kathleen Daly
 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 Underwriting Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **218.74**

Date of Receipt **11 / 19 / 2015**
Transaction ID : AC6B350F870E7460692A
 Amount of Each Receipt this Period **10.42**

B. Mr. Jim Danford AIC
 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 Material Damage Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : A72705E28490F4F43A63
 Amount of Each Receipt this Period **10.00**

C. Mr. Jim Danford AIC
 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 Material Damage Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 18 / 2015**
Transaction ID : AA5FEB5F021574B8C9E0
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **30.42**
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 88
	<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. Paul Davis
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 Vice President - Claims
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **271.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A07561786CCA1480DB48

Amount of Each Receipt this Period

350.00

25.00

B. Mr. Anthony O. Dean
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 ▼ **220.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A3D5A4F96AC10499A90A

Amount of Each Receipt this Period

350.00

20.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2015

Transaction ID : A76BF6AB665E24FF7B6A

Amount of Each Receipt this Period

350.00

350.00

SUBTOTAL of Receipts This Page (optional).....	395.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 88
	<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. 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 ▼ 1157.76

Date of Receipt 11 / 09 / 2015
Transaction ID : A2C97B0FFE3F7450B884
 Amount of Each Receipt this Period 288.48

B. Mr. David DeGeorge
 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 Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.43

Date of Receipt 11 / 19 / 2015
Transaction ID : A87CE3E48FE75468E896
 Amount of Each Receipt this Period 20.83

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 Executive Vice President & Chief Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 874.86

Date of Receipt 11 / 19 / 2015
Transaction ID : A7F28024CCFFD426BBA0
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional).....▶	350.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Mr. Timothy J. Del Grande
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 13 / 2015
Transaction ID : A260A61F71A8F4C2AB4C

Amount of Each Receipt this Period
10.00

B. Mr. Robert Detlefsen PhD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran Vice President - Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.04

Date of Receipt
11 / 16 / 2015
Transaction ID : AE3A421D30837413E8EC

Amount of Each Receipt this Period
43.48

C. Ms. Michele Devore
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Occupation
Columbia Mutual Insurance Company MO Branch Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
11 / 12 / 2015
Transaction ID : A8D0FC42F083645AFBFD

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3337
 City Peoria State IL Zip Code 61612-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : A253F3EAB223F4E029D6
 Amount of Each Receipt this Period
 83.33

B. Mr. Randall K. Druvenga PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 385
 City Denver State IA Zip Code 50622-0385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Maxfield Mutual Insurance Associ Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : AEE692D254EC446728B3
 Amount of Each Receipt this Period
 125.00

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 ▼ 2211.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : ADD0CBB03832945328C1
 Amount of Each Receipt this Period
 96.16

SUBTOTAL of Receipts This Page (optional).....▶	304.49
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Fred A. Edmond Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1771.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : A97065CE8276C4503A83
 Amount of Each Receipt this Period
 77.00

B. Mr. Fred A. Edmond Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1848.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : A00AA9B74C21D4976831
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : A0B79A613A59C4CA49B3
 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: (check only one)	PAGE 24 OF 88
	<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. Keith Escue
Full Name (Last, First, Middle Initial)
Mailing Address 703 W Poplar St
City Rogers State AR Zip Code 72756-4443
FEC ID number of contributing federal political committee. **C**
Name of Employer Farmers Protective Mutual Insurance Co Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 24 / 2015**
Transaction ID : AF7FAD2FBD5B24E3593A
Amount of Each Receipt this Period **25.00**

B. Mr. Michael L. Faron CPCU
Full Name (Last, First, Middle Initial)
Mailing Address 222 Ames St
City Dedham State MA Zip Code 02026-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Business Unit Leader
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1240.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : A94E4793C37284E15B56
Amount of Each Receipt this Period **40.00**

C. Mr. Stephan Firko
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Market St Ste 1200
City Philadelphia State PA Zip Code 19103-7008
FEC ID number of contributing federal political committee. **C**
Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 24 / 2015**
Transaction ID : ACE4D536906A942F2A54
Amount of Each Receipt this Period **12.50**

SUBTOTAL of Receipts This Page (optional)..... **77.50**
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 25 OF 88
	<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. Gayle Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Life Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 05 / 2015
Transaction ID : A023189163CA245CDA51
 Amount of Each Receipt this Period 85.00

B. Mr. Brad Fortner PFMM, FMDC
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Protective Mutual Insurance Co Occupation Chief Operations Officer/Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 24 / 2015
Transaction ID : AA7BEA2F08DC047EE9AD
 Amount of Each Receipt this Period 100.00

C. Ms. Bobbie Fox
 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 Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.74

Date of Receipt 11 / 19 / 2015
Transaction ID : A779F5BFEC3B4150A62
 Amount of Each Receipt this Period 10.42

SUBTOTAL of Receipts This Page (optional).....▶	195.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 88
	<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. Bethany Foy
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 United Ohio Insurance Company	Occupation Business Lines Service Center 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
11	/	03	/	2015

Transaction ID : ADA2BC64C844946C0BFF

Amount of Each Receipt this Period
10.00

B. Ms. Bethany Foy
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 United Ohio Insurance Company	Occupation Business Lines Service Center 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
11	/	18	/	2015

Transaction ID : A9777E68A38094867A2D

Amount of Each Receipt this Period
10.00

C. Mr. Thomas Froman
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-Legal
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A5C637EBB186F42C7A3B

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 88
	<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. Benjamin Galloway
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2015
Transaction ID : AC74E89D3A17C4F98BEA

Amount of Each Receipt this Period 40.00

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 ▼ 437.16

Date of Receipt 11 / 19 / 2015
Transaction ID : A41E07A049CE54E40BE1

Amount of Each Receipt this Period 20.83

C. Mr. Rolf H. Gesen
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 900

City Concord State NH Zip Code 03302-0900

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

Name of Employer Phenix Mutual Fire Insurance Company Occupation President/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt 11 / 20 / 2015
Transaction ID : A07F436DB96F54EB8940

Amount of Each Receipt this Period 187.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 248.33

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

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

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

FOR LINE NUMBER: PAGE 28 OF 88
(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. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **884.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : AE58AA0BDF8949448A8
 Amount of Each Receipt this Period
38.47

B. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **923.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : AA11C019B23824D64827
 Amount of Each Receipt this Period
38.47

C. Ms. Yvette Gonzales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **874.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : AF5CA490882AD4C2AB1F
 Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **118.61**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 88
<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. 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 ▼
2613.72

Date of Receipt
11 / 16 / 2015
Transaction ID : AB1FDC6D7F9624BDD9D2

Amount of Each Receipt this Period
113.64

B. Mr. Jonathan C. Grether MSIM, CPCU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 370

City Algona State IA Zip Code 50511-0370

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

Name of Employer Pharmacists Mutual Insurance Company Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
11 / 09 / 2015
Transaction ID : AEC4159F771CF41A6900

Amount of Each Receipt this Period
250.00

C. Mr. David Grove
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 Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
11 / 03 / 2015
Transaction ID : A29E636BD34DF4A1EA93

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	383.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 88
<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. David Grove
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 Assistant Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

Transaction ID : AA0AFCFB86AE045F39C1

Amount of Each Receipt this Period
20.00

B. Mr. John Hair
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

Name of Employer National Association of Mutual Insuran	Occupation Federal Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : A6E459A3E9F1549E7AE7

Amount of Each Receipt this Period
40.00

C. Mr. Richard Hall
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Market St Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Assistant Vice President-Underwriting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : A3428CE8238FE4F3282C

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional).....▶	72.50
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 31 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Alice Hamm
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 Manager
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : AA17119981DA446F387B

Amount of Each Receipt this Period

30.00

B. Mr. William Hanby
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 Chief Information Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **451.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : A90DE7B433E4C45D89FB

Amount of Each Receipt this Period

57.69

C. Mr. Fred A. Hannula
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 ▼ **290.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A07CEE02B286C4524A00

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	117.69
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 88
	<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. R. Michael Hartman
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Eagle Pointe Dr
 City Columbia State SC Zip Code 29229-7314
 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 ▼ 275.00

Date of Receipt 11 / 05 / 2015
Transaction ID : AB35A7EC6D1304E92B1A
 Amount of Each Receipt this Period 25.00

B. Mr. Christopher D. Hartrich FLMI, CPA
 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 HR/Organizational Devel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 11 / 06 / 2015
Transaction ID : A39FD3B30AB854359915
 Amount of Each Receipt this Period 30.00

C. Mr. Joseph B. Haswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Assistant Division Manager, Casualty C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 13 / 2015
Transaction ID : A304E3D9DEB12447C9F1
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 88
	<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. Eugene T. Heaney
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Vice President of Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : A8D1DD18E7EE04B1EB3D

Amount of Each Receipt this Period **50.00**

B. Mr. Shane Heeren
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 Vice President, Marketing & Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : A02A85D159F134C05A55

Amount of Each Receipt this Period **60.00**

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4080.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : A4D5AA9207DB64E7593E

Amount of Each Receipt this Period **45.00**

SUBTOTAL of Receipts This Page (optional)..... **155.00**

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 88
(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. Dan Hernandez

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 Vice President, Small Business Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : A74F3906E4F7A47E6AB8

Amount of Each Receipt this Period
 10.42

Full Name (Last, First, Middle Initial)
B. Mr. Mike Horvath CPCU

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 Vice President-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : A28B6571A999643D2A2E

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Mr. Mike Horvath CPCU

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 Vice President-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : A58A22E7816164479A59

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.42

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 88
	<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. Timothy R. Hyle CPA
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Finance & Risk Managem

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : AD3D85425A69D4735A55

Amount of Each Receipt this Period **50.00**

B. Ms. Sharon K. Irvin
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 United Ohio Insurance Company Occupation Manager to the Executive Office

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : ADBC7B0651D84452B911

Amount of Each Receipt this Period **10.00**

C. Ms. Sharon K. Irvin
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 United Ohio Insurance Company Occupation Manager to the Executive Office

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 18 / 2015**

Transaction ID : AAE86EFC446A54F24A7F

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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 88
<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. Ms. Theresa Jakubick		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : AAA6BE8AFEB4D4203ADI
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Theresa Jakubick		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : AD847C646400B42AF875
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Project Manager	
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. Gary Johnson		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : AAF24C4A95D834B628DD
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Assistant Vice President, Business Ins	
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 88
(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. Gary Johnson

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 Assistant Vice President, Business Ins

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
 11 / 18 / 2015

Transaction ID : A9D584D50BD764E61A5E

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey Jolley

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 Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : A9E206019F6534915B88

Amount of Each Receipt this Period
 10.00

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

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 Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : A2B969D84A2E44D0A947

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 88
	<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. Rick Jones			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Phoenix	State AZ	Zip Code 85012-3074	Transaction ID : A98DC2971A5EB44D4965
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer CopperPoint Mutual Insurance Company	Occupation Executive Vice President, COO & Presid		Aggregate Year-to-Date ▼ <input type="text" value="874.99"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Jon Jorgensen			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Lansing	State MI	Zip Code 48909-8160	Transaction ID : A2A7F5033764A446E86D
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="45.00"/>
Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President Underwriting		Aggregate Year-to-Date ▼ <input type="text" value="415.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Thomas Karol			Date of Receipt
Mailing Address 122 C St NW Ste 540			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20001-2102	Transaction ID : A38BD01908DB246DBA90
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="45.46"/>
Name of Employer National Association of Mutual Insuran	Occupation Federal Affairs Counsel		Aggregate Year-to-Date ▼ <input type="text" value="1045.58"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="132.13"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Ms. Pamela J. Keeney
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 Vice President - Underwriting & Ins Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
11 / 16 / 2015
Transaction ID : AA2BA6AE792E449EE9E7

Amount of Each Receipt this Period
15.00

B. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt
11 / 06 / 2015
Transaction ID : A3F5726ABC0F24AEE98E

Amount of Each Receipt this Period
39.00

c. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt
11 / 20 / 2015
Transaction ID : ACE39C1685DB942079EE

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 88
	<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 Kendall
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 Assistant Chief Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.75

Date of Receipt 11 / 19 / 2015
Transaction ID : A9844B14EA74343C880F
Amount of Each Receipt this Period 10.42

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 Casualty Claim Manager and Internal Co
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 09 / 2015
Transaction ID : A586009468FC546E1821
Amount of Each Receipt this Period 30.00

C. Mr. Drew A. Klasing
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, Home Office Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 11 / 05 / 2015
Transaction ID : A79E7912ED8DF45178BD
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.42
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 41 OF 88
(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. Ms. Joy Klinker
 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 HR Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : A32764395A8E943E8A7B
 Amount of Each Receipt this Period
 10.00

B. Mr. Kraig T. Klopfenstein
 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 Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : AB0322A9A009C480E987
 Amount of Each Receipt this Period
 75.00

C. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 874.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : A793AD8C1CD834A8CAE0
 Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 88
	<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. Andrew Knudsen
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt **11 / 20 / 2015**

Transaction ID : AC47E644C455C48CF920

Amount of Each Receipt this Period **38.00**

B. Mr. Mitch Lawens
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 - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : A33D733786E9948D5B87

Amount of Each Receipt this Period **35.00**

C. Mr. Justin L. Lear PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 396

City Ellinwood State KS Zip Code 67526-0396

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

Name of Employer Farmers Mutual Insurance Company Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt **11 / 09 / 2015**

Transaction ID : A085F7155E9A0471ABF9

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **113.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 88
	<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. Jim Levine
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 Controller
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.56

Date of Receipt 11 / 19 / 2015
Transaction ID : AB06D723E5B7143669CA
Amount of Each Receipt this Period 11.00

B. Ms. Theresa Lewis
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 Secretary-Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 05 / 2015
Transaction ID : A1E3C073C4BE74C4EB0F
Amount of Each Receipt this Period 41.66

C. Mr. Brian D. Lopata
Full Name (Last, First, Middle Initial)
Mailing Address 1 Preferred Way
City New Berlin State NY Zip Code 13411-1800
FEC ID number of contributing federal political committee. **C**
Name of Employer Preferred Mutual Insurance Company Occupation SVP, Profit Center Operations & Custom
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 09 / 2015
Transaction ID : A81CF15B99E7943E4B97
Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional).....▶ 132.66
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 88
	<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. Jeffrey Lopata
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.81**

Date of Receipt **11 / 09 / 2015**

Transaction ID : A5BD78323EBE04C76BDB

Amount of Each Receipt this Period **76.94**

B. Mr. Mike H. Lovelady
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 ▼ **248.16**

Date of Receipt **11 / 05 / 2015**

Transaction ID : AF999F1519870421291B

Amount of Each Receipt this Period **22.73**

C. Stephen B. Lubbering
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Vice President-Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt **11 / 12 / 2015**

Transaction ID : A54C05904BBFB4CFB918

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **149.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 88
	<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. 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 ▼ **483.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : AC7020C56325F4C52A74

Amount of Each Receipt this Period

11	05	2015
50.00		

B. Ms. Laurinda Mackenzie
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 Director
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : A454DA65EE50A4F2B809

Amount of Each Receipt this Period

11	03	2015
41.67		

C. Mr. John F. Marazzo
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Market St
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
----------------------	-------------	------------------------

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Vice President and Treasurer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : A16125B0FE6EB47528AE

Amount of Each Receipt this Period

11	24	2015
20.00		

SUBTOTAL of Receipts This Page (optional).....▶	111.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 88
	<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. 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 **1100.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : A1D2A830044DF401CA8B
 Amount of Each Receipt this Period **100.00**

B. Mr. Ronald R. Martin II, ASF, A
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President - Personal Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **221.26**

Date of Receipt **11 / 09 / 2015**
Transaction ID : A3921447C3FC64B79A37
 Amount of Each Receipt this Period **19.24**

C. Mrs. Stacey Matteson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Bragaw St Ste 100
 City Anchorage State AK Zip Code 99508-3471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Umialik Insurance Company Occupation Director of Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **11 / 12 / 2015**
Transaction ID : A5012A85AAA704673917
 Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **179.24**
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 88
	<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. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address 1 Mutual Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **884.81**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A6238741A475D4E33BFE

Amount of Each Receipt this Period

38.47

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : AA0F207B291164DABAF6

Amount of Each Receipt this Period

38.47

C. Mr. Brent McClean
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 Assistant Vice President of Financial
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : A7B8F6D2177E64F89A07

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional).....▶	87.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 88
	<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 McCormack
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	Assistant Vice President - Information

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
11	/	03	/	2015

Transaction ID : A6352988272C94DB9BE5

Amount of Each Receipt this Period

10.00

B. Mr. James McCormack
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	Assistant Vice President - Information

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
11	/	18	/	2015

Transaction ID : A92E87B0D46B24D3BA7E

Amount of Each Receipt this Period

10.00

c. S.H. McCullough
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 244017

City	State	Zip Code
Montgomery	AL	36124-4017

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

Name of Employer	Occupation
Auto-Owners Insurance Company	RVP - Montgomery Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A6E3E3334D73B42BF852

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Ms. Sherry L. McKenzie AAM, AIS
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 05 / 2015
Transaction ID : A96D961F1B7FB42D894A
 Amount of Each Receipt this Period 75.00

B. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 885.50

Date of Receipt 11 / 06 / 2015
Transaction ID : AFD8AC1350A29488AA96
 Amount of Each Receipt this Period 38.50

C. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mutual Ave
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 20 / 2015
Transaction ID : A68E0235312D0456287E
 Amount of Each Receipt this Period 38.50

SUBTOTAL of Receipts This Page (optional).....▶ 152.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 88
<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. R.F. Mengerink

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 AVP Information Systems & Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **258.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : AC6094DDCEA3846F49EB

Amount of Each Receipt this Period **300.00**

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

Mailing Address 250 Main St

City Buffalo State NY Zip Code 14202-4104

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

Name of Employer Merchants Mutual Insurance Company Occupation Chief Finance Officer, Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 06 / 2015**

Transaction ID : A1B49243C8BA141108B5

Amount of Each Receipt this Period **250.00**

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

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 AVP - Personal Lines Auto

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : A88AAB6C6875E4C22B8B

Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David 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 ▼ **920.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : A61C5528FB7124850943

Amount of Each Receipt this Period **40.00**

B. Ms. Laurie Mirchuk
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Senior Commercial Lines Underwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt **11 / 13 / 2015**

Transaction ID : AB98DD0A8E73146D9BFF

Amount of Each Receipt this Period **6.00**

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 ▼ **1080.00**

Date of Receipt **11 / 03 / 2015**

Transaction ID : AB39C9253DE1D4872BF9

Amount of Each Receipt this Period **45.00**

SUBTOTAL of Receipts This Page (optional)..... **91.00**

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 88
(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. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City State Zip Code
 Bucyrus OH 44820-3569

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

Name of Employer Occupation
 Ohio Mutual Insurance Company Assistant Vice President-Quality Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : A85705D1A98F74FD287C

Amount of Each Receipt this Period
 45.00

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

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

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

Name of Employer Occupation
 Auto-Owners Insurance Company Senior Vice President - Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : A5B42D2EC812547248B0

Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
C. Mr. Joel P. Murray

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 Vice President, Personal Lines & Marke

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : A29DE83C3EE36467C84E

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 88
	<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. William C. Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St
 Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 24 / 2015
Transaction ID : AB6D25DE95FB14AD69AC
 Amount of Each Receipt this Period 12.50

B. Mr. Brent Nelson
 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 Chief Financial Officer & Executive Vi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.43

Date of Receipt 11 / 19 / 2015
Transaction ID : ACE9A07E5CCA24112BF4
 Amount of Each Receipt this Period 20.83

C. Mr. James Northard
 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 Web Design Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 16 / 2015
Transaction ID : AA734F0890FD14635B09
 Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.95
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 54 OF 88
(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. Harry Palmer

Mailing Address 703 W Poplar St

City State Zip Code
 Rogers AR 72756-4443

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

Name of Employer Occupation
 Farmers Protective Mutual Insurance Co Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : A872D1895DD2D4F97B02

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Ms. Helen Pettersen

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 IT Project Leader

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
 11 / 13 / 2015

Transaction ID : AED35D364AD1647E39BF

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Ms. Andrea I. Phillips

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, Personal Lin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : ABECD0597CE7C4A9BB13

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Gregory Pianko

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President, Loss Control

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 24 / 2015
Transaction ID : A9BA5F3B86BF745BEAB2

Amount of Each Receipt this Period
12.50

Full Name (Last, First, Middle Initial)
B. Mr. Jeffery Pierce

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-Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 05 / 2015
Transaction ID : A2F459382E69C44FB8F2

Amount of Each Receipt this Period
20.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.61

Date of Receipt
11 / 05 / 2015
Transaction ID : AAF7786FF804C4009911

Amount of Each Receipt this Period
83.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.77

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 88
	<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. Mike Pike
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 Human Resources Professional

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **415.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : A38793C733B43475B91A

Amount of Each Receipt this Period **45.00**

B. Mr. Barry Preslaski
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : AC7BACC6CDA91428F9E4

Amount of Each Receipt this Period **30.00**

C. Mr. Lee Rademacher
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-Commercial Li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : A8B0963DF7FB34FD49E7

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **105.00**

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 57 OF 88
(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. Liz Reynolds CPCU, API
 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 Director - State Affairs, Southeast Re
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : A44EDA8806EBC4BE9859
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Mr. Jonathan R. Riekse
 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 ▼
 916.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : A39681FE4CB1E4F959F1
 Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. Mr. Clarence Roach
 Mailing Address 703 W Poplar St
 City State Zip Code
 Rogers AR 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Farmers Protective Mutual Insurance Co Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : A8147B104D7E74D67A11
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 88
<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. Jonathan Rodgers

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 Accounting Regulation Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : A22F82DAB35AA43688DF

Amount of Each Receipt this Period **10.00**

Full Name (Last, First, Middle Initial)
B. Mr. Ed Roesch

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 Director, Claims Department

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : A4AF76623E6D84CF2B1C

Amount of Each Receipt this Period **10.00**

Full Name (Last, First, Middle Initial)
c. Mr. Malcolm Rowland AIC, CPCU,

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 Vice President-Reinsurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt **11 / 09 / 2015**

Transaction ID : AA71323B43B9D4099970

Amount of Each Receipt this Period **57.69**

SUBTOTAL of Receipts This Page (optional)..... **77.69**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 88
	<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. Kelly Ruud
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 Manager of Financial Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.56

Date of Receipt 11 / 19 / 2015
Transaction ID : A444E3E17D23D4F2DB95

Amount of Each Receipt this Period 12.00

B. Mr. Francis R. Santoro
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President, Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt 11 / 24 / 2015
Transaction ID : A209C340113944742BA7

Amount of Each Receipt this Period 12.50

C. Mr. Fred Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1800

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

Name of Employer Preferred Mutual Insurance Company Occupation Director, Field Agency Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 09 / 2015
Transaction ID : A7E03E73E64C5460B9C8

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.50

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 60 OF 88
	<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. Fred Schneiderman
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 Personal Lines/Underwriting S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 09 / 2015
Transaction ID : AAAD7696BF3374E90957

Amount of Each Receipt this Period 30.00

B. Mr. Kenneth Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt 11 / 05 / 2015
Transaction ID : ACCC3EF84FF0D4094BA4

Amount of Each Receipt this Period 80.00

C. Mr. James C. Schumacher
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 Director - Agency Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 05 / 2015
Transaction ID : A2429772430C444B38F4

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional).....▶	152.00
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 61 OF 88
	(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. Frederick Schunter
 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 Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : AA462538F0205494990A
 Amount of Each Receipt this Period
 41.67

B. Mr. Kurt H. Seelbach CPA, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Eisenhower Rd
 City Leavenworth State KS Zip Code 66048-1190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Armed Forces Insurance Exchange Occupation President & CEO
 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
 11 / 09 / 2015
Transaction ID : A58D99250E21E4701970
 Amount of Each Receipt this Period
 250.00

C. Mr. Paul Sells
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Compensation Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : A42A00C73C50B4D91A38
 Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional).....▶	303.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 88
	<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. Phyllis Senseman LUTCF
 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 Marketing and Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.43

Date of Receipt 11 / 19 / 2015
Transaction ID : A9B6D47FDB251495D925
 Amount of Each Receipt this Period 20.83

B. Mr. Kent B. Shantz
 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 COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 09 / 2015
Transaction ID : A54A3969423B748F7AEC
 Amount of Each Receipt this Period 115.50

C. 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 ▼ 208.35

Date of Receipt 11 / 19 / 2015
Transaction ID : AB7D56808552E4C5F808
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 88
	(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

Full Name (Last, First, Middle Initial)
A. Mr. Jon Sisk

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 Information Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : AC03F0801BB50408594F

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
B. 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 ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : A950CC6D9AAE84D76AF9

Amount of Each Receipt this Period
625.00

Full Name (Last, First, Middle Initial)
C. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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

Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2305.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : AD43BDF872AC84D1DBDE

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... **770.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Byron Smith
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 12 / 2015**

Transaction ID : ACF24DEB9B49447E9B91

Amount of Each Receipt this Period **25.00**

B. Mr. Byron Smith
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Columbia Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 12 / 2015**

Transaction ID : AAF994EBBC0A54261B39

Amount of Each Receipt this Period **25.00**

C. Mr. John K. Smith CRM, CIC,
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt **11 / 24 / 2015**

Transaction ID : A2D56015303EC40B18C9

Amount of Each Receipt this Period **95.00**

SUBTOTAL of Receipts This Page (optional)..... **145.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 88
<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. Norm Smith
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 Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : AFA34EF2D0BAB4EC29FA
Amount of Each Receipt this Period **45.00**

B. Mr. Steven C. Speicher
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 - Forest Regio
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : ADA95D05DF1AB41EF86E
Amount of Each Receipt this Period **50.00**

C. Ms. Kristen Spriggs
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 - Member Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 16 / 2015**
Transaction ID : A4F5D79E7D11741A587B
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **115.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 66 OF 88
(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. Robert G. Street AIM

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 NE Casualty Claims Division Manager

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
 11 / 13 / 2015
Transaction ID : AB46085C670C94863959

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Mr. Edward Stuckrath

Mailing Address 6101 Anacapi Blvd

City State Zip Code
Lansing MI 48917-3968

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : A6DBA5F3B96004B9DA8E

Amount of Each Receipt this Period
20.83

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

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 AVP, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : AAC419E70C9C14620927

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 88
	<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. Mary B. Sullivan CIC, AAI
 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 NAMIC Insurance Company, Inc. Occupation NIA Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 11 / 16 / 2015
Transaction ID : AE038C7B6D2BB4FAEBD7
 Amount of Each Receipt this Period 10.00

B. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2211.45

Date of Receipt 11 / 16 / 2015
Transaction ID : A62A0C1D7089F4DE6952
 Amount of Each Receipt this Period 96.15

C. 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 ▼ 920.00

Date of Receipt 11 / 16 / 2015
Transaction ID : AB9A73C249AC54D34A13
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶	146.15
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:	PAGE 68 OF 88
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Mr. Jeffrey Tagsold

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 ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : A4A95DAF40A2F4DCE92B

Amount of Each Receipt this Period
100.00

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

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 State & Policy Affairs Counsel
---	---

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
11 / 16 / 2015

Transaction ID : AB271396761234D519E8

Amount of Each Receipt this Period
20.00

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

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 of Human Resourc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : AA921DEC31BA84873940

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	205.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 88
	<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. Joe Thesing
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Date of Receipt
11 / 16 / 2015
Transaction ID : **AE5609610B5694AC4864**

Amount of Each Receipt this Period
40.00

B. Mr. Gary W. Thompson CPCU, CIC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia Mutual Insurance Company	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Date of Receipt
11 / 12 / 2015
Transaction ID : **A8FC669E27B314B4A997**

Amount of Each Receipt this Period
200.00

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

City Frankenmuth	State MI	Zip Code 48787-1000
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 897.00	

Date of Receipt
11 / 06 / 2015
Transaction ID : **A592A6A5E68E04EBD9DF**

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional).....▶	279.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : AEC72E328424C4E249F3

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Mr. Michael Ulmer

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 - Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : AE27B2709FF71445087D

Amount of Each Receipt this Period
10.00

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

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : A5948B67B52074D6D960

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Kristie M. Walp
 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 United Ohio Insurance Company Occupation Farm Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 03 / 2015
Transaction ID : AD3836AA13CD34B9194A
 Amount of Each Receipt this Period 10.00

B. Ms. Kristie M. Walp
 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 United Ohio Insurance Company Occupation Farm Underwriting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2015
Transaction ID : AEF23089176664B84B93
 Amount of Each Receipt this Period 10.00

C. 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 ▼ 550.00

Date of Receipt 11 / 05 / 2015
Transaction ID : A0C59372BD0B844B6A44
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 88
<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. Joseph Walsh CPCU, CIC,
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 Manager - Business Insurance Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
11 / 03 / 2015
Transaction ID : A0A833031F16044B0A76

Amount of Each Receipt this Period
10.00

B. Mr. Joseph Walsh CPCU, CIC,
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 Manager - Business Insurance Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
11 / 18 / 2015
Transaction ID : A4956F224EA0F422DBFB

Amount of Each Receipt this Period
10.00

C. Ms. Ann Ward
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 Senior Underwriter/Tax Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Date of Receipt
11 / 16 / 2015
Transaction ID : A1B905072A89A48C0A42

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 88
<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 812.00	

Date of Receipt
11 / 05 / 2015
Transaction ID : A371754A4C3454E13BAB

Amount of Each Receipt this Period
84.00

B. Mr. David Weber
Full Name (Last, First, Middle Initial)
Mailing Address 500 S US Highway 77A

City Yoakum	State TX	Zip Code 77995-1399
FEC ID number of contributing federal political committee. C		
Name of Employer Hochheim Prairie Farm Mutual Insurance	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
11 / 09 / 2015
Transaction ID : ADDDDDF6F3B134BD6A44

Amount of Each Receipt this Period
250.00

C. Mr. Chad Welborn
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 Chief Investment Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.66	

Date of Receipt
11 / 19 / 2015
Transaction ID : AEF028DD84790452D8C7

Amount of Each Receipt this Period
10.42

SUBTOTAL of Receipts This Page (optional).....▶	344.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 88
	<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. 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 ▼ **972.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : ABD8310E60F014E289E3

Amount of Each Receipt this Period **100.00**

B. Mr. Gordon E. Wickham
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 AVP-Information Systems & Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt **11 / 05 / 2015**

Transaction ID : A6A7A59072BD649E3923

Amount of Each Receipt this Period **21.00**

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 ▼ **437.43**

Date of Receipt **11 / 19 / 2015**

Transaction ID : A55C5C76B44774C34B40

Amount of Each Receipt this Period **20.83**

SUBTOTAL of Receipts This Page (optional)..... **141.83**

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

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

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

FOR LINE NUMBER: PAGE 75 OF 88
(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. Daniel Witt
 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 Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 446.00

Date of Receipt 11 / 19 / 2015
Transaction ID : A00F27855862B4A6E92E
 Amount of Each Receipt this Period 22.00

B. Mr. William Woodbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917-3968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation SVP, Secretary & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.33

Date of Receipt 11 / 05 / 2015
Transaction ID : AD92BDFD8B8F44342877
 Amount of Each Receipt this Period 91.67

C. Mr. Jeffrey S. Wrobel Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230-0927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 11 / 05 / 2015
Transaction ID : A67242756291048BF987
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 163.67
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Daniel Yesbeck
 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 Information Technology Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : A3CE27EE6D1F44ED5AAE
 Amount of Each Receipt this Period
 28.86

B. Mr. Steve Zabriskie
 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-Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : A212F5A27B6BE40FAA3
 Amount of Each Receipt this Period
 22.00

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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.86
TOTAL This Period (last page this line number only).....▶	10982.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 88
<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. CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT
Full Name (Last, First, Middle Initial)
Mailing Address 333 S. WABASH
43-S
City CHICAGO State IL Zip Code 60604
FEC ID number of contributing federal political committee. **C** C00078287
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
11 / 13 / 2015
Transaction ID : A8F1187CA989E4DEDBDE
Amount of Each Receipt this Period
5000.00

B. Nationwide Mutual Insurance Company Political Action Committee
Full Name (Last, First, Middle Initial)
Mailing Address One Nationwide Plaza
1-32-301
City Columbus State OH Zip Code 43215
FEC ID number of contributing federal political committee. **C** C00076174
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
11 / 09 / 2015
Transaction ID : A0DB49C50E0854D0D978
Amount of Each Receipt this Period
2500.00

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).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

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

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

FOR LINE NUMBER: PAGE 78 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2206.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : AA37B738D8D8644A8A35
 Amount of Each Receipt this Period
 438.63
 Reimb. of Bank Fees

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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).....▶	438.63
TOTAL This Period (last page this line number only).....▶	438.63

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 88
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268-3141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4097400072FF450BA47
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3.57"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="42.80"/>	

Full Name (Last, First, Middle Initial) B. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268-3141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A09B03B28D6B849A59A0
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="0.04"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="42.80"/>	

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3.61"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="3.61"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : BFB8C51D3458446B6CC

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : B6BA635222FE44CC1BDC

Amount of Each Disbursement this Period

28.44

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : BE067E51FFD444B118BE

Amount of Each Disbursement this Period

12.50

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

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

48.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : B031801A594534A30B53

Amount of Each Disbursement this Period

9.38

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 Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : B471B8894BCED4184986

Amount of Each Disbursement this Period

477.18

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

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

Amount of Each Disbursement this Period

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

486.56

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

535.45

**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. Ann Wagner for Congress

Mailing Address P.O. Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ann L. Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : B16A846F053154C47A67

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Boozman for Arkansas

Mailing Address P.O. Box 671

City Rogers State AR Zip Code 72757-0671

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. John N. Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : B223D72ABE78A4850836

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Larry D. Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : BDFFB13EBF91B45E9966

Amount of Each Disbursement this Period

1000.00

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

3500.00

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. Building America's Republican Representation PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Mailing Address 332 W. Lee Hwy #303

Transaction ID : BA14432F5F3C24B5B97A

City Warrenton State VA Zip Code 20186-2428

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Full Name (Last, First, Middle Initial)

B. Clay Jr. for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2015

Mailing Address P.O. Box 4544

Transaction ID : B2843569D1EA84AB9A39

City Saint Louis State MO Zip Code 63108-0544

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Rep. Lacy Clay Jr.

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

Disbursement For: 2016
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Mailing Address P.O. Box 6545

Transaction ID : B14A5CCF721C74265823

City Visalia State CA Zip Code 93290-6545

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Rep. Devin G. Nunes

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify)

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

8000.00

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. Duffy for Congress

Mailing Address P.O. Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Sean P. Duffy

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : BA30B6ADA5B5843FD899

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Bill Posey

Mailing Address P.O. Box 360877

City Melbourne State FL Zip Code 32936-0877

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Bill Posey

Office Sought: House
 Senate
 President
State: FL District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : B512A436E82ED48D3A9D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : BF40BA58CD33F4113B6C

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City State Zip Code
Sioux Falls SD 57101-0505

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : BFA9DDB8BCBAE4111B4E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hoeven for Senate

Mailing Address P.O. Box 861

City State Zip Code
Bismarck ND 58502-0861

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. John H. Hoeven III

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : BEAD8225841734D358AE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoosiers Victory Fund

Mailing Address 324 S. Milledge Ave.
Suite 101

City State Zip Code
Athens GA 30605-1048

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : B31EDEBDB9FC44A1D9B

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Jason Smith for Congress

Mailing Address P.O. Box 1324

City State Zip Code
Cape Girardeau MO 63702-1324

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jason T. Smith

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : BBFE558DD79464BD4947

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Peter Norbeck Leadership Fund

Mailing Address P.O. Box 477

City State Zip Code
Pierre SD 57501-0477

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : B6DBC634276E948908A8

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Project West PAC

Mailing Address 9227 East Lincoln Ave., #200-435

City State Zip Code
Lone Tree CO 80124-5506

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : BE3F1B75D2BC9441EAA3

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Rob Woodall for Congress

Mailing Address P.O. Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Rob Woodall III

Office Sought: House
 Senate
 President
State: GA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : BE78325940FE84915971

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Roger Williams for U.S. Congress Committee

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709-1061

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Roger Williams

Office Sought: House
 Senate
 President
State: TX District: 25

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : B34C16DF277A84CEBACC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Texans for Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040-4412

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Henry R. Cuellar

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : B100A1101372243279A5

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Walberg for Congress

Mailing Address P.O. Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Tim L. Walberg

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : B437BD0188F4D4FEDB18

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALKER 4 NC

Mailing Address P.O. BOX 99247

City Raleigh State NC Zip Code 27624-9247

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Mark Walker

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : B183F895351304DD0BF1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

2000.00

34500.00