



**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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  |                         | 78506.16                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 40565.07                |                                   |
| (c) Total Receipts (from Line 19) .....  | 48481.06                | 405001.52                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 89046.13                | 483507.68                         |
| 7. Total Disbursements (from Line 31).....   | 46305.40                | 440766.95                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 42740.73                | 42740.73                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 37119.15                              | 275084.36                                 |
| (ii) Unitemized .....   | 6157.71                               | 93918.68                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 43276.86                              | 369003.04                                 |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs).....  | 5000.00                               | 34500.00                                  |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 48276.86                              | 403503.04                                 |
| 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)..... | 201.46                                | 1462.47                                   |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                                  | 0.00                                      |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 2.74                                  | 36.01                                     |
| 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))..... ▶                        | 48481.06                              | 405001.52                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 48481.06                              | 405001.52                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 305.40                        | 2016.95                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 305.40                        | 2016.95                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 38500.00                      | 407000.00                         |
| 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 .....  | 7500.00                       | 30500.00                          |
| 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)) ..      | 46305.40                      | 440766.95                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 46305.40                      | 440766.95                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 48276.86                      | 403503.04                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 1250.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 48276.86                      | 402253.04                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 305.40                        | 2016.95                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 201.46                        | 1462.47                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 103.94                        | 554.48                            |

**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 110   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Mr. Todd E. Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Bucyrus | State<br>OH | Zip Code<br>44820 |
|-----------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>Ohio Mutual Insurance Company | Occupation<br>Chief Information Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2015        |

**Transaction ID : AA3CE3644057F42E5B9D**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**B. Mr. Todd E. Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Bucyrus | State<br>OH | Zip Code<br>44820 |
|-----------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>Ohio Mutual Insurance Company | Occupation<br>Chief Information Officer |
|---|---|

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 |
| 09    | / | 21    | / | 2015        |

**Transaction ID : A43500E85205340C793B**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 222 Ames St

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dedham | State<br>MA | Zip Code<br>02026 |
|----------------|-------------|-------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>Norfolk & Dedham Mutual Fire Insurance | Occupation<br>Treasurer |
|--|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 08    | / | 2015        |

**Transaction ID : A3F40F53BD98645F8816**

Amount of Each Receipt this Period  

|       |
|-------|
| 20.00 |
|-------|

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>80.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 110                |
|   | <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. Thomas Alighieri**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 16 / 2015**

**Transaction ID : A2885E79F96C7472780E**

Amount of Each Receipt this Period **200.00**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **09 / 03 / 2015**

**Transaction ID : A8DB11D758DC149069BE**

Amount of Each Receipt this Period **40.00**

**C. Mr. Neil Aldredge**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : A6E62A0578E3140668F6**

Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 110   |
| <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. Richard Alleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dedham | State<br>MA | Zip Code<br>02026-1850 |
|----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>Norfolk & Dedham Mutual Fire Insurance | Occupation<br>Director, Network Admin |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : A8BCCAEE4DE8249D88BE**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 222 Ames St

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dedham | State<br>MA | Zip Code<br>02026-1850 |
|----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>Norfolk & Dedham Mutual Fire Insurance | Occupation<br>Director, Network Admin |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : A5B6E16CC793E49D0A22**

Amount of Each Receipt this Period  
20.00

**C. Mr. Herman J. Arends**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Lansing | State<br>MI | Zip Code<br>48909 |
|-----------------|-------------|-------------------|

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

|   |                        |
|---|------------------------|
| Name of Employer<br>Auto-Owners Insurance Company | Occupation<br>Director |
|---|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID : AE9818842D6D54DE8B4B**

Amount of Each Receipt this Period  
500.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 540.00 |
| <b>TOTAL</b> This Period (last page this line 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 110   |
| <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. Laura Grace Ashton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW  
 Ste 540  
 City Washington State DC Zip Code 20001  
 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 **215.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : A8875DA8C40954359BE5**  
 Amount of Each Receipt this Period  
**20.00**

**B. 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  
 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 **235.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : A2D7A9DD8C94C44EBB1E**  
 Amount of Each Receipt this Period  
**20.00**

**C. Mr. Rigg Ballantyne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6000 Midlantic Dr  
 Ste 200 S  
 City Mount Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maiden Re Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : A0FA93347104F4A6581C**  
 Amount of Each Receipt this Period  
**450.00**

**SUBTOTAL** of Receipts This Page (optional)..... **490.00**  
**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 10 OF 110               |
|   | (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. Ms. Tamara L. Bates**

Mailing Address PO Box 819

City Appleton State WI Zip Code 54912

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

Name of Employer Occupation  
SECURA Insurance, A Mutual Company Director Commercial Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 28 / 2015  
**Transaction ID : AC23678D2885B476A8EE**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael E. Beard**

Mailing Address 804 S Lincoln St

City Philo State IL Zip Code 61864

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

Name of Employer Occupation  
Central Illinois Mutual Insurance Comp President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : A731926CC089747C2BA3**

Amount of Each Receipt this Period  
300.00

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

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205

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

Name of Employer Occupation  
Columbia Mutual Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
637.56

Date of Receipt  
09 / 08 / 2015  
**Transaction ID : A035BC6238AAB4F9A98E**

Amount of Each Receipt this Period  
66.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 616.66

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 110               |
|   | <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 One Mutual Avenue

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Frankenmuth | State<br>MI | Zip Code<br>48787 |
|---------------------|-------------|-------------------|

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>Frankenmuth Mutual Insurance Company | Occupation<br>Chairman & CEO |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2223.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 11    | / | 2015        |

**Transaction ID : ACA34E3387EB4494D956**

Amount of Each Receipt this Period  
117.00

**B. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Frankenmuth | State<br>MI | Zip Code<br>48787 |
|---------------------|-------------|-------------------|

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>Frankenmuth Mutual Insurance Company | Occupation<br>Chairman & CEO |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 25    | / | 2015        |

**Transaction ID : AE13B4B9DAF6F4BC29EF**

Amount of Each Receipt this Period  
117.00

**C. Ms. Deborah Betten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Bel Air | State<br>MD | Zip Code<br>21014 |
|-----------------|-------------|-------------------|

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

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>Harford Mutual Insurance Company | Occupation<br>Director of Claims |
|--|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.39

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 01    | / | 2015        |

**Transaction ID : AC51E4CF8FE5F41DEBA4**

Amount of Each Receipt this Period  
20.84

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 254.84 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |