

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

Check if different than previously reported. (ACC)

Indianapolis

IN

46268

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)
 - Oct 20 (M10)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] 09 / 01 / 2018 through [MM] / [DD] / [YYYY] 09 / 30 / 2018

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

Dykstra, Gregg, A., Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Dykstra, Gregg, A., Mr.,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 10 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value=""/>	<input type="text" value="96306.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54204.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="58367.79"/>	<input type="text" value="491269.44"/>
(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="112572.17"/>	<input type="text" value="587576.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61627.41"/>	<input type="text" value="536631.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50944.76"/>	<input type="text" value="50944.76"/>
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. 05/2016)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	51936.13	354289.04
(ii) Unitemized	5853.12	92057.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	57789.25	446346.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	57789.25	481346.65
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).....	576.20	2893.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.34	29.75
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)).....▶	58367.79	491269.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	58367.79	491269.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	852.41	3647.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	852.41	3647.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57500.00	505000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	275.00	484.32
(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)).....	275.00	484.32
29. Other Disbursements (Including Non-Federal Donations).....	3000.00	27500.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	61627.41	536631.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61627.41	536631.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	57789.25	481346.65
34. Total Contribution Refunds (from Line 28(d))	275.00	484.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57514.25	480862.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	852.41	3647.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	576.20	2893.04
38. Net Operating Expenditures (subtract Line 37 from Line 36)	276.21	754.25

**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 113
<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. Abens, Robert, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 35

City Humboldt	State IA	Zip Code 50548
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Humboldt Mutual Insurance Association	Occupation (for Individual) Secretary/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : AABE28EEFFCEF4F6491E

Amount of Each Receipt this Period
325.00

Memo Item

B. Adcock, Cathy, M., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : AB6EDBCC4C987414DA0E

Amount of Each Receipt this Period
85.00

Memo Item

C. Albert, Todd, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Vice President, Information Technologi
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2018

Transaction ID : A7BFF8B0312B141E0BE2

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 113
	<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. Alighieri, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 09 / 05 / 2018
Transaction ID : AC27B436D7ACE4318B22
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Alldredge, Neil, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 National Association of Mutual Insuran Senior Vice President, Corporate Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : AB0D8B2BBB1484620A68
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Alleman, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Director, Network Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 05 / 2018
Transaction ID : A53B9A66F92654503AC4
 Amount of Each Receipt this Period 20.00
 Memo Item

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 113
	<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. Allen, Diane, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President, Human Resources
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : ACFA558517E7B4D199F3

Amount of Each Receipt this Period
90.00

Memo Item

B. Anderson, David, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29177 477th Ave

City Hudson	State SD	Zip Code 57034
----------------	-------------	-------------------

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

Name of Employer (for Individual) North Star Mutual Insurance Company	Occupation (for Individual) Director
--	---

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
09		28		2018

Transaction ID : A0938D2B84E4E4B958FD

Amount of Each Receipt this Period
100.00

Memo Item

C. Arens, Rick, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Underwriting Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AE85C880B6C6D4667987

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 113
	<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. Ayers, James, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 400

City Branchville	State NJ	Zip Code 07826-0400
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Franklin Mutual Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : AE3DA18DC29A54216BAF

Amount of Each Receipt this Period
250.00

Memo Item

B. Ayotte, Lisa, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A0200DF1C5D904B489E6

Amount of Each Receipt this Period
42.00

Memo Item

C. Baker, Michael, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

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
09		07		2018

Transaction ID : AB1F1E1E3A6024FF7ADC

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	352.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 113
	<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. Baker, Stewart, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10151 Deerwood Park Blvd

City Jacksonville	State FL	Zip Code 32256-0566
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Florida Capital Bank	Occupation (for Individual) Managing Director Banking
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2018

Transaction ID : AE703DBED55A34CDBAA!

Amount of Each Receipt this Period

350.00

 Memo Item

B. Barnes, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : A905F08D8CDFC4807B9D

Amount of Each Receipt this Period

40.00

 Memo Item

C. Beard, Michael, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Central Illinois Mutual Insurance Comp	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : A6E66B1F3B112404D8DD

Amount of Each Receipt this Period

100.00

 Memo Item

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: (check only one)	PAGE 11 OF 113
<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. Beauford, Renee, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 E Woodlawn Ave

City Hastings	State MI	Zip Code 49058
------------------	-------------	-------------------

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

Name of Employer (for Individual) Hastings Mutual Insurance Company	Occupation (for Individual) Vice President, Chief Claim Officer
--	--

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
09		28		2018

Transaction ID : A52A375E8EFBF4994BCA

Amount of Each Receipt this Period
400.00

Memo Item

B. Belcher, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
637.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : A739AAEBBC1BF429FB39

Amount of Each Receipt this Period
70.83

Memo Item

C. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2088.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A4AE0F4814528459583C

Amount of Each Receipt this Period
116.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	586.83
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 12 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A7FE2C421021C4E24AB1

Amount of Each Receipt this Period
116.00

Memo Item

B. Block, Jake, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President, Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : AFD8C96B555C54A908EE

Amount of Each Receipt this Period
35.00

Memo Item

C. Bonaudi, William, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 778

City Seattle	State WA	Zip Code 98111-0778
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PEMCO Mutual Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : AD144940994654CD684E

Amount of Each Receipt this Period
1525.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1676.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 113
	<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. Boyer, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistant Vice President, Corporate Co
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2018

Transaction ID : AF0914090EFB64D12A09

Amount of Each Receipt this Period

12.00

 Memo Item

B. Buell, Stephen, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2018

Transaction ID : A2B78026F198A48E5B69

Amount of Each Receipt this Period

50.00

 Memo Item

C. Bykowski, John, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915
------------------	-------------	-------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Chairman of the Board
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2018

Transaction ID : AE8BE1BCF2F30491DAE7

Amount of Each Receipt this Period

2500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2562.00
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 113
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Calvert, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Claims Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : AFF5FBC78ED9F43398FB

Amount of Each Receipt this Period
15.00

Memo Item

B. Cameron, Alice, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President, Personal Lines
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : A1D86D8EBC85245B080B

Amount of Each Receipt this Period
225.00

Memo Item

C. Cameron, Alice, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President, Personal Lines
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : ACA1546DDD3E44617BBF

Amount of Each Receipt this Period
1670.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1910.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 113
	<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. Carlson, Melinda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A52EBA5620BEE463BAB1

Amount of Each Receipt this Period
26.00

Memo Item

B. Caro, Ginny, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President of Claims Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : ADA6CB56C86F4468686D

Amount of Each Receipt this Period
20.84

Memo Item

C. Caro, Ginny, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President of Claims Services
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : AE548C536247C4235A02

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 113
	<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. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3002.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : AE6D70BA9289F4044AEB

Amount of Each Receipt this Period
158.00

Memo Item

B. Charamella, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Lawyer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A6AC3FEAAD15F4D9A93E

Amount of Each Receipt this Period
60.00

Memo Item

C. Clark, Patrick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Richmond Hill Dr

City Sparta	State NJ	Zip Code 07871
----------------	-------------	-------------------

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

Name of Employer (for Individual) Hartford Steam Boiler Inspection and I	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : A9D9601565B114D35988

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	302.00
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 113
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Clewley, Julie, , Ms.,

Mailing Address 5000 9th Ave S

City Great Falls	State MT	Zip Code 59405
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cascade Farmers Mutual Insurance Compa	Occupation (for Individual) Underwriting Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2018

Transaction ID : A3B4CB0503EA8484E8DD

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Coe, Mark, , Mr.,

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) IT Manager
--	---

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	/	19	/	2018

Transaction ID : A05B0B71416D04126BCC

Amount of Each Receipt this Period
40.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Cole, Jeff, , Mr.,

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Pittsburgh B
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A38E927C4BE2946C3B39

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 18 OF 113
	<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. Collins, Erin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Assistant Vice President - State Affai
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A6211ED66D5B24F2AB35

Amount of Each Receipt this Period
38.46

Memo Item

B. Coykendall, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AB23A3DF2F90949A9A57

Amount of Each Receipt this Period
50.00

Memo Item

C. Crawford, Michele, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2880

City Stuart	State FL	Zip Code 34995
----------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Manager, Stuart Claims
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A821BC0CE3E0640D4BAE

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 113
	<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. Cyphert, Randall, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Still Dr

City Clarion	State PA	Zip Code 16214-2110
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) Chairman of the Board
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2018

Transaction ID : AB81BC5AA26004D8FBCE

Amount of Each Receipt this Period
350.00

Memo Item

B. Cyphert, Randall, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Still Dr

City Clarion	State PA	Zip Code 16214-2110
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) Chairman of the Board
--	--

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	/	25	/	2018

Transaction ID : A7999DF5488984F77846

Amount of Each Receipt this Period
100.00

Memo Item

C. Davis, Paul, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) Vice President - Claims
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2018

Transaction ID : ABE85F538B4404E3C8BB

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 113
<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. Davis, Paul, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Mutual Assurance Society of Virginia		Occupation (for Individual) Vice President - Claims
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 28 / 2018
Transaction ID : A7ACB26089FBD42C08F9

Amount of Each Receipt this Period
25.00

Memo Item

B. DeArment, Dan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 500 E Pitt St

City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Friends Cove Mutual Insurance Company		Occupation (for Individual) President/CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
09 / 20 / 2018
Transaction ID : A160D999ED6884A1FA33

Amount of Each Receipt this Period
250.00

Memo Item

C. DeLucia, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Ohio Mutual Insurance Company		Occupation (for Individual) Vice President, Claims Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 800.00

Date of Receipt
09 / 19 / 2018
Transaction ID : A9437907FD51F4892946

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<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. Deters, Rebekah, L., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 207

City Teutopolis	State IL	Zip Code 62467
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Home Farmers Mutual Insurance Company	Occupation (for Individual) Office Manager/Secretary/Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : ADEE700C5E87C4EC1824

Amount of Each Receipt this Period
125.00

Memo Item

B. Dinnen, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) Chief Underwriting Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : AF04EB733666D4F829A6

Amount of Each Receipt this Period
83.34

Memo Item

C. Drier, Charles, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3337

City Peoria	State IL	Zip Code 61612
----------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
679.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AC945B8EC2A0A41F3B01

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	298.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<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. Dykstra, Gregg, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 Vincennes Rd

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Chief Operating Officer / General Coun
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2978.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : ABBA94443A14E403BBE2

Amount of Each Receipt this Period
288.00

Memo Item

B. Edmond, Fred, A., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A551BE49DE7054951BCC

Amount of Each Receipt this Period
100.00

Memo Item

C. Edmond, Fred, A., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A576C01C1E87F45A9B12

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	488.00
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 23 OF 113
<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. Ehlert, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 645

City Brenham	State TX	Zip Code 77834
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Germania Farm Mutual Insurance Associa	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2018

Transaction ID : A5CDE229210FC470B9B5

Amount of Each Receipt this Period
300.00

Memo Item

B. Ehlert, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 645

City Brenham	State TX	Zip Code 77834
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Germania Farm Mutual Insurance Associa	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : A3FC8A060C1C84916BD3

Amount of Each Receipt this Period
50.00

Memo Item

C. Eichhorn, Kristin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Director of Operations - Government Af
---	---

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	/	28	/	2018

Transaction ID : A3ECDD9AB590A452D9F4

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 113
	<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. Ellingson, Gregory, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 1st Ave E
Ste E

City Kalispell State MT Zip Code 59901

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

Name of Employer (for Individual) Flathead Farm Mutual Insurance Company Occupation (for Individual) General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A72B0F173B6F944FCA6A

Amount of Each Receipt this Period 1000.00

Memo Item

B. Enoch, Quincy, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington State DC Zip Code 20001

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

Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt 09 / 21 / 2018
Transaction ID : A15590BCA40894514BAF

Amount of Each Receipt this Period 20.00

Memo Item

C. Eriksen, Andrew, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 07 / 2018
Transaction ID : ACEA9D78B4A484CCBCB

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1120.00

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 25 OF 113
<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. Faron, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Commercial Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : A467F8C0A56F14185A5C

Amount of Each Receipt this Period
40.00

Memo Item

B. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915
------------------	-------------	-------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Vice President, General Counsel and C
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AE90D61B4045643A7BC3

Amount of Each Receipt this Period
100.00

Memo Item

C. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915
------------------	-------------	-------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Vice President, General Counsel and C
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : AD24CF0C50D974C18BDC

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 113
<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. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915
------------------	-------------	-------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Vice President, General Counsel and C
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A8CE58253AE6E4DF2907

Amount of Each Receipt this Period
100.00

Memo Item

B. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915
------------------	-------------	-------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Vice President, General Counsel and C
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : A2BBF5B81FD2B4B0A808

Amount of Each Receipt this Period
150.00

Memo Item

C. Firko, Stephan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Market St
Ste 1200

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

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

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
737.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2018

Transaction ID : A12C4831FCE0F4EABA9F

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 113
	<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. Fisher, Gayle, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President-Life Operatio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A621278E57EB746DDA09

Amount of Each Receipt this Period
85.00

Memo Item

B. Flugum, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 48

City Cottonwood	State MN	Zip Code 56229
--------------------	-------------	-------------------

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

Name of Employer (for Individual) North Star Mutual Insurance Company	Occupation (for Individual) Senior Vice President, Secretary
--	---

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
09		04		2018

Transaction ID : A35F9EB5F516D4FF58BD

Amount of Each Receipt this Period
50.00

Memo Item

C. Flugum, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 48

City Cottonwood	State MN	Zip Code 56229
--------------------	-------------	-------------------

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

Name of Employer (for Individual) North Star Mutual Insurance Company	Occupation (for Individual) Senior Vice President, Secretary
--	---

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		10		2018

Transaction ID : ADBB4F8BD9BED4705807

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
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 28 OF 113
	<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. Foley, Kurt, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 N Elms Rd

City Flint	State MI	Zip Code 48532
---------------	-------------	-------------------

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

Name of Employer (for Individual) Pioneer State Mutual Insurance Company	Occupation (for Individual) President & CEO
---	--

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
09		28		2018

Transaction ID : A724698F6DC18466DA9D

Amount of Each Receipt this Period

1000.00

 Memo Item

B. Frank, Ann, M., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville	State IL	Zip Code 62025
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Madison Mutual Insurance Company	Occupation (for Individual) Corporate Vice President & Treasurer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : A49E5A05D95584F1488C

Amount of Each Receipt this Period

41.68

 Memo Item

C. French, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 963

City Bullard	State TX	Zip Code 75757
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Hochheim Prairie Farm Mutual Insurance	Occupation (for Individual) 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
09		25		2018

Transaction ID : A9A11F949F4C449759F5

Amount of Each Receipt this Period

400.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1441.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 113
	<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. Gallagher, Ron, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 Mumma Rd
Ste 202

City Wormleysburg State PA Zip Code 17043

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

Name of Employer (for Individual) Pennsylvania Association of Mutual Ins Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2018
Transaction ID : A48B5AC4086C64558B1B

Amount of Each Receipt this Period 225.00

Memo Item

B. Gibbel, Jolyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 E 4th Ave

City Lititz State PA Zip Code 17543-2751

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

Name of Employer (for Individual) Lititz Mutual Insurance Company Occupation (for Individual) Spouse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A0E5BD447FD6B4311800

Amount of Each Receipt this Period 450.00

Memo Item

C. Gilleland, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

City Frankenmuth State MI Zip Code 48787

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Senior Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : ADDEF85B4FF2A4E06895

Amount of Each Receipt this Period 38.47

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 713.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
	<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. Gilleland, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : AFDC2237ED52040F2896

Amount of Each Receipt this Period
38.47

Memo Item

B. Gonzales, Yvette, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Senior Vice President & CIO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : AB58EC9E7DDC746CE893

Amount of Each Receipt this Period
41.66

Memo Item

C. Gonzales, Yvette, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Senior Vice President & CIO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
749.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : AB07E9470CE9D44949F5

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	121.79
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Grande, Jimi, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Government Affa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1879.48

Date of Receipt 09 / 21 / 2018
Transaction ID : A5693DA0F76A24EEB8DC
 Amount of Each Receipt this Period 96.16
 Memo Item

B. Grether, Jonathan, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 370
 City Algona State IA Zip Code 50511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacists Mutual Insurance Company Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A76C16B5CC79040479A3
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Grove, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Vice President, Product Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 19 / 2018
Transaction ID : A9CDD784AC7464B09848
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	366.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<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. Gualderama, Amanda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 Marietta Way
 City Carmichael State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance a Mutual Company Occupation (for Individual) Regional Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2018
Transaction ID : A9BDC48E10F354284B84
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gusenius, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Mutual Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2018
Transaction ID : A91CD8AA84BE440C1974
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hanby, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 435.50

Date of Receipt 09 / 10 / 2018
Transaction ID : A7B4E56F67464419D97B
 Amount of Each Receipt this Period 57.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	607.75
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 113
	<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. Hannula, Fred, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 07 / 2018
Transaction ID : AB007A9DB829E4BA5A81
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Harris, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 White Gate Drive
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Mutual Insurance Company Occupation (for Individual) Information Security Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 04 / 2018
Transaction ID : A6FBC6B52C2344C19BC9
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hartle, Dana, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Apple St
 City Punxsutawney State PA Zip Code 15767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Fire Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A18F5757217D64D82BDC
 Amount of Each Receipt this Period 460.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	555.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 113
	<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. Hartle, Dana, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Apple St

City Punxsutawney	State PA	Zip Code 15767
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : A53DCE72CB8FE4387A4C

Amount of Each Receipt this Period
100.00

Memo Item

B. Haswell, Joseph, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026
----------------	-------------	-------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Manager, Complex Casualty Claims
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

Transaction ID : AB2354A1FF11D479C8C1

Amount of Each Receipt this Period
25.00

Memo Item

C. Heeren, Shane, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Vice President, Marketing & Sales
--	--

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
09	/	10	/	2018

Transaction ID : AB1359D8554994EF9ACC

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 113
	<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. Hegarty, F. Timothy, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 05 / 2018
Transaction ID : A0EFC3199998E4674839
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Hernandez, Dan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Vice President, Small Business Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 09 / 14 / 2018
Transaction ID : A135080E1DD944CA29E1
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Hernandez, Dan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Vice President, Small Business Center
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 28 / 2018
Transaction ID : AF79F74515C4B48BB87E
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.12
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 113
	<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. Herron, Tiffany, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Assistant Vice President of Financial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 10 / 2018
Transaction ID : A8616AD0BF33D44EE8EF
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Heynen, Dave, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 812
 City Hull State IA Zip Code 51239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Insurance Association o Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 20 / 2018
Transaction ID : A95B114DD059C45B6953
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Hill, Marcus, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Fort Worth State TX Zip Code 76101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agricultural Workers Mutual Auto Insur Occupation (for Individual) Chairman & President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A63B9CAEA24A14E0BA9D
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1380.00
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 37 OF 113
<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. Hopkins, Marjorie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5555
 City Meridian State ID Zip Code 83680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Heritage Property and Casualty Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 12 / 2018
Transaction ID : ACD3F3493BB8940D9AA1
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Huff, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW Ste 510
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 21 / 2018
Transaction ID : AA5523EAFDBA94F1A8FB
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Ikenaga, Jack, H., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Benmar Dr Ste 225
 City Houston State TX Zip Code 77060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACCC Insurance Company Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 21 / 2018
Transaction ID : AAF0D28E6446B4727A27
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2638.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 113
	<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. Imus, Catherine, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President of Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 21 / 2018
Transaction ID : ABCF59EC4A7574229842
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Iverson, Timothy, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 308
 City Esko State MN Zip Code 55733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prairie Pine Mutual Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A92E36E286C834CCBACE
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jakubick, Theresa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 19 / 2018
Transaction ID : ACD2C981FFA2C48C3BDE
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Janecka, Russell, , Mr.,

Mailing Address PO Box 2554

City Victoria	State TX	Zip Code 77902
------------------	-------------	-------------------

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

Name of Employer (for Individual) Germania Farm Mutual Insurance Associa	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2018

Transaction ID : A01C85F79448E4F63B89

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, David, B., Mr.,

Mailing Address 13 Idlewood Blvd

City Staunton	State VA	Zip Code 24401
------------------	-------------	-------------------

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

Name of Employer (for Individual) Augusta Mutual Insurance Company	Occupation (for Individual) Executive Vice President & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : ACD32EFDF5CB34101833

Amount of Each Receipt this Period
125.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Gary, , Mr.,

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Vice President, Commercial Lines Unde
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2018

Transaction ID : A57395C45A54C4CB7BAC

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 113
<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. Joos, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) CFO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : A6CB8E7DE916046D4AB9

Amount of Each Receipt this Period
20.83

Memo Item

B. Joos, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) CFO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : AD0DB90E763E54CFA840

Amount of Each Receipt this Period
20.83

Memo Item

C. Jorgensen, Jon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President Underwriting
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : AFE7A17C0CDBE4108B21

Amount of Each Receipt this Period
55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.66
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 41 OF 113
	<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. Kaemingk, Lauren, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 812
 City Hull State IA Zip Code 51239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Insurance Association o Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A7978D73666E94A4C9CA
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Karol, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW Ste 510
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 863.74

Date of Receipt 09 / 21 / 2018
Transaction ID : A8FB29B86056F41EA92E
 Amount of Each Receipt this Period 45.46
 Memo Item

C. Kaufman, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 E Broad St
 City Columbus State OH Zip Code 43215-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) CEO & President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : AD81BB7ACCE8947EDBE5
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2895.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 113
<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. Kellner, Frank, P., Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Vice President, Claims & Corporate Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 09 / 27 / 2018
Transaction ID : A6056CB199CF241AFB26
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Kelly, Jami, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A9474EDB7CF444CDEBBA
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Kelly, Jami, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 21 / 2018
Transaction ID : A085FE8397DD04F5BB18
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	161.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 113
	<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. Kendall, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Assistant Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 14 / 2018
Transaction ID : A2B649878D7394169918
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Kendall, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Assistant Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 28 / 2018
Transaction ID : AE9A2DF355B4B4363BEA
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Kennedy, Patrick, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Vice President of Claims & Internal Co
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 10 / 2018
Transaction ID : AE02F9A2E62D3489C89B
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 113
	<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. Kijek, David, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 7893

City Madison	State WI	Zip Code 53707-7893
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WEA Property & Casualty Insurance Comp	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : AF1FD16BD61FA43CB9D3

Amount of Each Receipt this Period
250.00

Memo Item

B. Kissman, Amy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Manager of Commercial Auto Underwri
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A43B927D937CB4758B6D

Amount of Each Receipt this Period
35.00

Memo Item

C. Klasing, Drew, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President
--	---

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
09		07		2018

Transaction ID : AF3EC3434C36147C1B09

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	335.00
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 45 OF 113
	<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. Klopfenstein, Kraig, T., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 09 / 07 / 2018
Transaction ID : AB0059BDB06EC4862A12
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Knudsen, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 07 / 2018
Transaction ID : ACEABF6530D684C6185B
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Knudsen, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 21 / 2018
Transaction ID : AF54B1B2D6B704FB489C
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.00
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 46 OF 113
	<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. Kosanda, Tom, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 877 E Butterfield Rd

City Lombard	State IL	Zip Code 60148-5669
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Bankers Benefits	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A6384EA0C25CA47F7BE8

Amount of Each Receipt this Period
250.00

Memo Item

B. Kriens, Ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Claims Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : A8BAF5E09B06F4CEBACD

Amount of Each Receipt this Period
28.86

Memo Item

C. Lahti, Gordon, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Pine St
Ste 2200

City San Francisco	State CA	Zip Code 94111
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Swiss Reinsurance America Corporation	Occupation (for Individual) Senior 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
09		21		2018

Transaction ID : A2AAE415F338D47B7A8B

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	378.86
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 113
	<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. Lahti, Gordon, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Pine St
Ste 2200

City San Francisco	State CA	Zip Code 94111
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Swiss Reinsurance America Corporation	Occupation (for Individual) Senior 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
09		21		2018

Transaction ID : A9B09F69BF76246A0B97

Amount of Each Receipt this Period
1000.00

Memo Item

B. Lambert, Glenn, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 9th Ave S

City Great Falls	State MT	Zip Code 59405
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cascade Farmers Mutual Insurance Compa	Occupation (for Individual) General Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : A8B190A6FDE6E474AA87

Amount of Each Receipt this Period
225.00

Memo Item

C. Lambert, Glenn, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 9th Ave S

City Great Falls	State MT	Zip Code 59405
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cascade Farmers Mutual Insurance Compa	Occupation (for Individual) General Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : ABC58630E543C46EEBB8

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2225.00
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 48 OF 113
	<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. LeGates, Jennie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1007

City Ames	State IA	Zip Code 50014
--------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Insurance Association of Iowa	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : A3E15566A9D2A4EF5B90

Amount of Each Receipt this Period

100.00

 Memo Item

B. LeGates, Jennie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1007

City Ames	State IA	Zip Code 50014
--------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Insurance Association of Iowa	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2018

Transaction ID : AD3F7057922BC4E6F8D2

Amount of Each Receipt this Period

50.00

 Memo Item

C. Lewis, Theresa, C., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) Secretary-Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
469.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2018

Transaction ID : A72915A1FEAA43AA96B

Amount of Each Receipt this Period

84.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
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 113
<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. Lewis, Theresa, C., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual Assurance Society of Virginia Occupation (for Individual) Secretary-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.70

Date of Receipt 09 / 28 / 2018
Transaction ID : A616F4920D279442B90A
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Lindemeyer, Andrea, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Manager, Lexington Underwriting Branch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 07 / 2018
Transaction ID : AE83997EAF5814852A84
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Linkous, Steven, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3540.62

Date of Receipt 09 / 27 / 2018
Transaction ID : A7B24ECE26E0C4525BCC
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	530.66
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 50 OF 113
	<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. Long, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 W 77th St
 City Minneapolis State MN Zip Code 55435-4818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Senior VP Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 17 / 2018
Transaction ID : AF50D3B22653C4D7B8BF
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lopilato, Kathleen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A838629BE314546A599C
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Lukson, Nick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9706 4th Ave NE Ste 200
 City Seattle State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Assurance Company Occupation (for Individual) Vice President and General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 17 / 2018
Transaction ID : AA6230BA0AA804002813
 Amount of Each Receipt this Period 20.00
 Memo Item

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 51 OF 113
<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. Mackenzie, Laurinda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Board Member
---	---

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
09		06		2018

Transaction ID : A6FAB9016727E4D808FB

Amount of Each Receipt this Period
50.00

Memo Item

B. Mackenzie, Laurinda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Board Member
---	---

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		21		2018

Transaction ID : A6943FABE2F5F450DB10

Amount of Each Receipt this Period
50.00

Memo Item

C. Mackey, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Senior Vice President & CUO
--	--

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
09		04		2018

Transaction ID : A862F86F388AE450DBDE

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 52 OF 113
	<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. Mashinski, Karen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt 09 / 27 / 2018
Transaction ID : AB2110CB4EE5041779E3
 Amount of Each Receipt this Period 166.68
 Memo Item

B. Massey, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Department Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A7BB7AC89753040FDB78
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Matteson, Stacey, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 C St # 300
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Umialik Insurance Company Occupation (for Individual) Director of Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 07 / 2018
Transaction ID : ABE2EB53F11454E2A91B
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 113
	<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. Matteson, Stacey, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 C St
300

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Umialik Insurance Company	Occupation (for Individual) Director of Underwriting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2018

Transaction ID : ACA7D98C9CD1D46F4B18

Amount of Each Receipt this Period
25.00

Memo Item

B. McCain, Phillip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A0B3937417C074A34B6F

Amount of Each Receipt this Period
39.00

Memo Item

C. McCain, Phillip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : AD37434C63E414ABFB58

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	103.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113
	<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. McCullough, S.H., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Montgomery I
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 09 / 07 / 2018
Transaction ID : A15B155A5FF69407AB02

Amount of Each Receipt this Period
 40.00

Memo Item

B. McLeod, Brian, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
693.72

Date of Receipt
 09 / 07 / 2018
Transaction ID : AAF806FE9C6164DB9AEC

Amount of Each Receipt this Period
 38.54

Memo Item

C. McLeod, Brian, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
732.26

Date of Receipt
 09 / 21 / 2018
Transaction ID : AFCE880D8C2234FF69F0

Amount of Each Receipt this Period
 38.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.08
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 55 OF 113
	<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. McNaughton, Stan, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 Dexter Ave N
 City Seattle State WA Zip Code 98109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PEMCO Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A7087B260224E43CFA3E
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mengerink, R.F., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President Information S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A38C1387C1DD4485CADC
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Meskell, Kevin, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quincy Mutual Fire Insurance Company Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A84CE4C18174E4B2CA0C
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	213.00
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 56 OF 113
	<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. Metz, Gary, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 E Lyon
 City Marshall State MN Zip Code 56258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Star Mutual Insurance Company Occupation (for Individual) Senior Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 26 / 2018
Transaction ID : AE0AF369B33B64F37870
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Michael, Scott, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A2CA563D40F9C42FB84A
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Mickley, Tricia, A., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 31
 City Mount Carroll State IL Zip Code 61053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frontier Mt. Carroll Mutual Insuranc Occupation (for Individual) CFO, Secretary & Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2018
Transaction ID : ADD18112E08E44BD7960
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 113
	<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. Micksch, Wayne, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 819
 City Appleton State WI Zip Code 54912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SECURA Insurance, A Mutual Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2018
Transaction ID : AC0A2A4C3F2F84496949
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Middleton, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 21 / 2018
Transaction ID : A8A4793D44C45443D8C5
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Miller, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 E Grand River Ave
 City Lansing State MI Zip Code 48912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Millers Mutual Insurance Comp Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 238.48

Date of Receipt 09 / 27 / 2018
Transaction ID : AF724D0E0F31442BBB21
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
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 58 OF 113
<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. Moore, Matt, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 W Broadway

City Columbia	State MO	Zip Code 65203
------------------	-------------	-------------------

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

Name of Employer (for Individual) Shelter Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

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
09	/	28	/	2018

Transaction ID : A7355EF8105034F788F3

Amount of Each Receipt this Period
250.00

Memo Item

B. Muller, Carolyn, B., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Executive Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
695.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A17968292C6A14CBFB94

Amount of Each Receipt this Period
100.00

Memo Item

C. Murphy, Beth, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1218

City Columbus	State OH	Zip Code 43216
------------------	-------------	-------------------

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

Name of Employer (for Individual) Grange Mutual Casualty Company	Occupation (for Individual) Vice President & Assistant General Cou
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : ABDE8FC36A4874C91922

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 59 OF 113
	<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. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026
----------------	-------------	-------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : AE980AD58E3264DC187C

Amount of Each Receipt this Period
40.00

Memo Item

B. Needham, Roger, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 666

City Forreston	State IL	Zip Code 61030
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Forreston Mutual Insurance Company	Occupation (for Individual) Operations Manager
---	---

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
09		10		2018

Transaction ID : AEB23138420264345868

Amount of Each Receipt this Period
950.00

Memo Item

C. Nelson, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A98FCFA40C6B549D5B15

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
<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. Nichols, Cindy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10816 Executive Center Dr

City Little Rock	State AR	Zip Code 72211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AB0DC5906ED9646D7AF7

Amount of Each Receipt this Period

35.00

 Memo Item

B. Nykaza, Pamela, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director - Research and Development
--	--

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
09		10		2018

Transaction ID : A6D93A05ADCDF47D3AE5

Amount of Each Receipt this Period

30.00

 Memo Item

C. Oches, Leslie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Distribution
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : A4C46E4720F524FA99FE

Amount of Each Receipt this Period

20.84

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.84
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 61 OF 113
<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. Oches, Leslie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Distribution
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : AD1A3483FC67E494A9B8

Amount of Each Receipt this Period
20.84

Memo Item

B. Orians, Vicki, D., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Front St

City Upper Sandusky	State OH	Zip Code 43351
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Wyandot Mutual Insurance Company	Occupation (for Individual) 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
09	/	26	/	2018

Transaction ID : A34D429C0FE44497EA8E

Amount of Each Receipt this Period
275.00

Memo Item

C. Owen, Claire, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 White Gate Dr

City Columbia	State MO	Zip Code 65205
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Associate Legal Counsel
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2018

Transaction ID : AADD9A583C79140A79CD

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.84
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 62 OF 113
	<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. Parker, Wes, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 Parker Ridge Rd

City Bigfork	State MT	Zip Code 59911
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Flathead Farm Mutual Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : A91BF93D1E6894C53998

Amount of Each Receipt this Period
350.00

Memo Item

B. Parrillo, Sandra, G., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6066

City Providence	State RI	Zip Code 02940
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Providence Mutual Fire Insurance Compa	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : AF0EE745C764349DCBAB

Amount of Each Receipt this Period
100.00

Memo Item

C. Paul, John, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 Pearl St

City Council Bluffs	State IA	Zip Code 51503
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Western Iowa Mutual Insurance Associat	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : AFE99D2723BBD4C808CD

Amount of Each Receipt this Period
675.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 63 OF 113
<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. Paul, John, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 Pearl St

City Council Bluffs	State IA	Zip Code 51503
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Western Iowa Mutual Insurance Associat	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : AB3D7027EE0F54308B28

Amount of Each Receipt this Period
200.00

Memo Item

B. Phillips, Andrea, I., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President, Personal Lin
--	---

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
09		07		2018

Transaction ID : AEBD77E994011403FA00

Amount of Each Receipt this Period
50.00

Memo Item

C. Pierce, David, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President- Investments
--	--

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
09		07		2018

Transaction ID : A3492751D757E49CDABC

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 64 OF 113
<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. Pierce, Debbie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 1st Ave E
Ste E

City Kalispell	State MT	Zip Code 59901
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Flathead Farm Mutual Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : AAF2D3FED521348489EB

Amount of Each Receipt this Period
700.00

Memo Item

B. Pierce, Mary, S., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A7DCF51285F2148CC838

Amount of Each Receipt this Period
83.37

Memo Item

C. Pinkerton, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Personal Lines
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A9E77423A0F1046A98A5

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	822.37
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 113
	<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. Pinkerton, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 21 / 2018
Transaction ID : ABD1F8E2ADA174C09998
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Poole, June, A., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 09 / 27 / 2018
Transaction ID : A8272C21020084F699DE
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Prandi, Mike, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Park Cir
 City Westfield Center State OH Zip Code 44251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westfield Insurance Company Occupation (for Individual) Chief Insurance Operations Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2860.00

Date of Receipt 09 / 11 / 2018
Transaction ID : AB8BA669B165F4875AE9
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	430.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 113
	<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. Puerner, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 E Woodlawn Ave

City Hastings	State MI	Zip Code 49058
------------------	-------------	-------------------

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

Name of Employer (for Individual) Hastings Mutual Insurance Company	Occupation (for Individual) Vice President, Chief Legal Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		27		2018

Transaction ID : A25B7F13669F944F4A02

Amount of Each Receipt this Period
150.00

Memo Item

B. Rakers, Jacqueline, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 116

City Ohlman	State IL	Zip Code 62076
----------------	-------------	-------------------

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

Name of Employer (for Individual) Illinois Association of Mutual Insuran	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		19		2018

Transaction ID : AC885EFCF14AA461DA53

Amount of Each Receipt this Period
275.00

Memo Item

C. Repensek, Janey, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		19		2018

Transaction ID : A97E083E1272D4722874

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
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 67 OF 113
	<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. Riekse, Jonathan, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A4539993971EA44D08FB

Amount of Each Receipt this Period
83.37

Memo Item

B. Rink, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : A777F0F4DA4DA4CD392A

Amount of Each Receipt this Period
41.66

Memo Item

C. Roland, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Executive Vice President, Chief of Sta
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : AD8647DCDA61442A19E4

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.87
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 68 OF 113
<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. Roland, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Executive Vice President, Chief of Sta
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A7A45E2594FC14064A02

Amount of Each Receipt this Period
20.84

Memo Item

B. Rowland, Rhonda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1725 Hopley Ave

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Personal Lines Underwriting Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : AE77CDA86A4FD43C78DF

Amount of Each Receipt this Period
15.00

Memo Item

C. Rutledge, Timothy, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) Director of Accounting
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : ADDC9E51A68F44796835

Amount of Each Receipt this Period
56.56

Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.40
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 113
	<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. Ruud, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Manager of Financial Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 14 / 2018
Transaction ID : AF9EAA2CFA8B54AE08B5
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Ruud, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Manager of Financial Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A3E6DB318BE8E4F13A0C
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Saxton, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A384148C6F8AB4A34BD0
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
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 113
	<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. Schlechter, Steven, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 9

City De Smet	State SD	Zip Code 57231
-----------------	-------------	-------------------

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

Name of Employer (for Individual) De Smet Farm Mutual Insurance Company	Occupation (for Individual) 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
09		12		2018

Transaction ID : A8EA25F632BDC4036B14

Amount of Each Receipt this Period
500.00

Memo Item

B. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334
----------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
835.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : A2CDD569A78764F82935

Amount of Each Receipt this Period
40.00

Memo Item

C. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334
----------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

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
09		25		2018

Transaction ID : ACF91817ECF194BC0AD2

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	640.00
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 113
	<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. Schmader, Eric, P., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 59
 City Marble State PA Zip Code 16334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Fire Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A3A26C352B44F49E1839
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Schmittlein, Marc, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1770.89

Date of Receipt 09 / 14 / 2018
Transaction ID : ABC24163A36EB4E31A01
 Amount of Each Receipt this Period 104.17
 Memo Item

C. Schmittlein, Marc, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1875.06

Date of Receipt 09 / 28 / 2018
Transaction ID : AA79FFE5E25C241A280E
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 248.34
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 113
<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. Schneiderman, Fred, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director Personal Lines/Underwriting S
--	---

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
09		10		2018

Transaction ID : AA5B20786FF06467CAE4

Amount of Each Receipt this Period
30.00

Memo Item

B. Schumacher, James, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Director - Agency Systems
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AFE0A02A2C7FA4EFD8C2

Amount of Each Receipt this Period
150.00

Memo Item

C. Schumacher, Judy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Governing Board Servic
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
708.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : ACABE3F81DDCD4108925

Amount of Each Receipt this Period
41.65

Memo Item

SUBTOTAL of Receipts This Page (optional).....	221.65
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 113
<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. Schumacher, Judy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Governing Board Serv
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : A1D85FE2BE61E4837994

Amount of Each Receipt this Period
41.65

Memo Item

B. Shader, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Executive Vice President & COO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : AF6045856AD8B4163804

Amount of Each Receipt this Period
20.83

Memo Item

C. Shader, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Executive Vice President & COO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : A5827C71E378A49839E2

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 113
	<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. Shantz, Kent, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
864.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : A03EFAA5A648242FFAB6

Amount of Each Receipt this Period
120.00

Memo Item

B. Shell, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

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
09		07		2018

Transaction ID : AD12CB843BC0D4AB8A4D

Amount of Each Receipt this Period
50.00

Memo Item

C. Shipe, Christopher, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 58

City Waterford	State VA	Zip Code 20197
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Loudoun Mutual Insurance Company	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : AAC6F4CE44D04F5A94E

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.33
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 75 OF 113
	<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. Sisk, Jonathan, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) Vice President, Information Technology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A079AF4A51D3641A79CB

Amount of Each Receipt this Period
20.84

Memo Item

B. Sliver, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 577

City Huntingdon	State PA	Zip Code 16652
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Benefit Insurance Company	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A6A6BDED517194A70AAC

Amount of Each Receipt this Period
625.00

Memo Item

C. Speicher, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Forest Regio
--	---

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
09		07		2018

Transaction ID : A2392737964D845B7B44

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	695.84
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 76 OF 113
	<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. Spriggs, Kristen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Member Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 21 / 2018
Transaction ID : AC6D7EA16ECD44C5D84C
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Stone, John, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Long Ridge Rd
 City Stamford State CT Zip Code 06902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Reinsurance Corporation Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A53AD3F806953413E8CA
 Amount of Each Receipt this Period 1450.00
 Memo Item

C. Stuckrath, Edward, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Anacapi Blvd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President - Westminister
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 07 / 2018
Transaction ID : AF1E4CF7069D84F64A1C
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 113
	<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. Stueven, Paul, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Downtown Plz

City Fairmont	State MN	Zip Code 56031
------------------	-------------	-------------------

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

Name of Employer (for Individual) Fairmont Farmers Mutual Insurance Comp	Occupation (for Individual) CEO & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3070.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2018

Transaction ID : A5FEC6EF1F1664405A9D

Amount of Each Receipt this Period
120.00

Memo Item

B. Stueven, Paul, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Downtown Plz

City Fairmont	State MN	Zip Code 56031
------------------	-------------	-------------------

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

Name of Employer (for Individual) Fairmont Farmers Mutual Insurance Comp	Occupation (for Individual) CEO & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3070.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2018

Transaction ID : A10A3C3CB62C34BC6B78

Amount of Each Receipt this Period
100.00

Memo Item

C. Sturm, Mary Ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Assistant Vice President, Human Resou
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
212.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018

Transaction ID : A8E771AC02C3D4580AA5

Amount of Each Receipt this Period
12.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.50
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 78 OF 113
	<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. Sturm, Mary Ann, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Assistant Vice President, Human Resol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2018
Transaction ID : AC42E6EE3FA764D46B27
 Amount of Each Receipt this Period 12.50
 Memo Item

B. Sullivan, Timothy, F., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAMIC Insurance Company, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 21 / 2018
Transaction ID : A12C12E6183A0436087B
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Suttner, Terry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Membership
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 21 / 2018
Transaction ID : AF5D4FC7E7B2D41BC898
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 148.65
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 79 OF 113
<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. Swearingen, Gary, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Brighton Ave S

City Buffalo	State MN	Zip Code 55313
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Has San Lake Mutual Insurance Company	Occupation (for Individual) General Manager/Treasurer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A3472AF707E5642F89BF

Amount of Each Receipt this Period
100.00

Memo Item

B. Tagsold, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Chairman & CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A8C687D4EA0C34BD98EC

Amount of Each Receipt this Period
100.00

Memo Item

C. Taylor, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 310

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

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

Name of Employer (for Individual) Municipal Mutual Insurance Company of	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : A9162E2BF7B93459F9AF

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
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 80 OF 113
	<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. Tetrault, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) State & Policy Affairs Counsel
---	---

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		21		2018

Transaction ID : ADDAD17BDF10E41FC862

Amount of Each Receipt this Period
20.00

Memo Item

B. Teynor, Melinda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1725 Hopley Ave

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Commercial Lines Service Center Man
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : ADEF5E9DA98544F3082E

Amount of Each Receipt this Period
11.00

Memo Item

C. Thelen, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) President & Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A692B7538CE8743E9A82

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	131.00
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 81 OF 113
<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. Thomas, Bruce, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511
----------------	-------------	-------------------

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

Name of Employer (for Individual) Heartland Mutual Insurance Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : A3AE0A88AA5A04C2C994

Amount of Each Receipt this Period
100.00

Memo Item

B. Thomas, Bruce, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511
----------------	-------------	-------------------

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

Name of Employer (for Individual) Heartland Mutual Insurance Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

Transaction ID : A1C15B45295424F50A12

Amount of Each Receipt this Period
3600.00

Memo Item

C. Thompson, Gary, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2018

Transaction ID : A8F3321A68E3243ADA2A

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3900.00
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 82 OF 113
<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. Thompson, Janet, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5000 9th Ave S

City Great Falls	State MT	Zip Code 59405
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cascade Farmers Mutual Insurance Compa	Occupation (for Individual) Claims Manager
---	---

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		26		2018

Transaction ID : AD3A71FC2B7DC4A4699D

Amount of Each Receipt this Period
100.00

Memo Item

B. Thompson, Michael, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026
----------------	-------------	-------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Chief Investment Officer
---	---

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		05		2018

Transaction ID : AB06AAECFBE064C41BA1

Amount of Each Receipt this Period
20.00

Memo Item

C. Tschantz, Ann, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 667 Dennis Cir

City Smithville	State OH	Zip Code 44677-9625
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wayne Mutual Insurance Company	Occupation (for Individual) Spouse
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : A17A666F663A4491895C

Amount of Each Receipt this Period
1045.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1165.00
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 83 OF 113
	<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. Waldo, Dave, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : AFA2A8A22E0774B35AA1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wall, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 Colman Center Dr
 City Rockford State IL Zip Code 61108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Director, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 10 / 2018
Transaction ID : A773A178898924B06A1B
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Walsh, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Assistance Vice President - Corporate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 09 / 19 / 2018
Transaction ID : A4FC6233DCF954D14B99
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 84 OF 113
	<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. Ward, Ian, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 07 / 2018
Transaction ID : A12292E74D2BD45C8AF1
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Ware, Mick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5555
 City Meridian State ID Zip Code 83680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Heritage Property and Casualty Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 09 / 06 / 2018
Transaction ID : A4A65CA148359481ABF2
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Watson, Rufus, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3428
 City Knoxville State TN Zip Code 37927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual of Tennessee Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : AC08E89383D884F788B0
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 434.00
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 85 OF 113
	<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. Wellman, Jim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 357

City New Knoxville	State OH	Zip Code 45871
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) German Farmers Mutual Insurance Compan	Occupation (for Individual) 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
09		28		2018

Transaction ID : A47124316CDF8461393B

Amount of Each Receipt this Period
500.00

Memo Item

B. Wenger, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President and Chief P&C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AAA32388A752D4B84AA9

Amount of Each Receipt this Period
300.00

Memo Item

C. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville	State IL	Zip Code 62025
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Madison Mutual Insurance Company	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
312.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : A583A5407804E44FEAF6

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	841.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 113
	<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. Williams, Denise, G., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2018
Transaction ID : AEF2A2075B5C34B62800
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Witt, Daniel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 14 / 2018
Transaction ID : AC8092B2EF2DA46EAAF7
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Witt, Daniel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Claims Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 28 / 2018
Transaction ID : AD3E90B3A2D0C4A91B1E
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1044.00
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 87 OF 113
	<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. Woodbury, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapi Blvd

City Lansing	State MI	Zip Code 48917
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) First Vice President, Secretary & Gene
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4169.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AE94AD950FE0046EFA4E

Amount of Each Receipt this Period
207.67

Memo Item

B. Wrobel, Jeffrey, S., Mr., Sr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
887.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : AF26BD7FF07D54AA4853

Amount of Each Receipt this Period
84.00

Memo Item

C. Wrobel, Jeffrey, S., Mr., Sr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
971.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A82A50277F747429D9CD

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.67
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 88 OF 113
	<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. Yesbeck, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

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

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director of IT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
367.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : A849DFE38EC5743C3810

Amount of Each Receipt this Period
30.00

Memo Item

B. Zak, Robert, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Merchants Mutual Insurance Company	Occupation (for Individual) President & CEO
---	--

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
09		25		2018

Transaction ID : ADB4B5CB57F9940688A4

Amount of Each Receipt this Period
1750.00

Memo Item

C. Zenke, Jerry, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 708

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

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

Name of Employer (for Individual) Mound Prairie Mutual Insurance Company	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : A89091C1314CE40FF899

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1955.00
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 89 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zenke, Jerry, G., Mr.,

Mailing Address **PO Box 708**

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

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

Name of Employer (for Individual) **Mound Prairie Mutual Insurance Company** Occupation (for Individual) **Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3375.00**

Date of Receipt
09 / 28 / 2018

Transaction ID : A3B9463AAB25D4B83902

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	51936.13

**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 90 OF 113
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. NAMIC Administrative Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2893.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		28		2018

Transaction ID : A3EF52D8C5C584151B71

Amount of Each Receipt this Period
576.20

Memo Item
Reimb of bank fees

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.20
TOTAL This Period (last page this line number only).....▶	576.20

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

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

FOR LINE NUMBER: PAGE 91 OF 113
(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. Chase Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8751 Michigan Rd
 City Indianapolis State IN Zip Code 46268-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 29.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : A8BAEF4BDB3584B4F8BF
 Amount of Each Receipt this Period
 2.34
 Memo Item
 Bank Interest

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	2.34
TOTAL This Period (last page this line number only).....	2.34

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City
El Paso

State
TX

Zip Code
79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : B72D61ED12

Amount of Each Disbursement this Period

[REDACTED] 78.82

Memo Item

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
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : B9A152A5CB

Amount of Each Disbursement this Period

[REDACTED] 411.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Square, Inc.

Mailing Address 1455 Market St

City
San Francisco

State
CA

Zip Code
94103-1331

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : BDE9FE098E

Amount of Each Disbursement this Period

[REDACTED] 361.70

Memo Item

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

[REDACTED] 852.41

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

[REDACTED] 852.41

**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"/> 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. ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2018

Mailing Address PO BOX 1672

FEC Identification Number

C C00413948

Transaction ID : B262B1476F
Amount of Each Disbursement this Period

1000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
Contribution to LPAC

Category/Type

Candidate Name
ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC)

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

B. BALDERSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2018

Mailing Address PO BOX 8197

FEC Identification Number

C C00662650

Transaction ID : B6F09ACEE4
Amount of Each Disbursement this Period

1000.00

Memo Item

City ZANESVILLE State OH Zip Code 43702

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name
Balderson, Troy, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: OH District: 12

Full Name (Last, First, Middle Initial)

C. BATTLEGROUND PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2018

Mailing Address PO BOX 98628

FEC Identification Number

C C00615492

Transaction ID : B460AE6B6E
Amount of Each Disbursement this Period

1000.00

Memo Item

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name
BATTLEGROUND PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bluegrass Committee

Mailing Address 220 1/2 E St., NE

City
Washington

State
DC

Zip Code
20002-4923

Purpose of Disbursement
Contribution to LPAC

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00235655

Transaction ID : B2CAFCD82I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bucshon, Larry, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00468256

Transaction ID : BFA5B060F6I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL FOR CONGRESS

Mailing Address 1316 12TH STREET

City
HUNTINGTON

State
WV

Zip Code
25701

Purpose of Disbursement
Contribution to Committee

Candidate Name

Miller, Carol, Devine, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number

C C00653220

Transaction ID : B79950A4CE

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Citizens for Waters

Mailing Address 249 E. Ocean Blvd
#685

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Contribution to Committee

Candidate Name
Waters, Maxine, , Rep.,

Office Sought: House Senate President
State: CA District: 43
Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00167585

Transaction ID : **BB60F4175F**
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Waters

Mailing Address 249 E. Ocean Blvd
#685

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Contribution to Committee

Candidate Name
Waters, Maxine, , Rep.,

Office Sought: House Senate President
State: CA District: 43
Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00167585

Transaction ID : **B3E5EAF20B**
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement
Contribution to Committee

Candidate Name
Collins, Doug, A., Rep.,

Office Sought: House Senate President
State: GA District: 09
Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00502039

Transaction ID : **BFB3166320**
Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. COMMITTEE TO ELECT STEVE WATKINS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2018

Mailing Address 6021 SW 29TH STREET
SUITE A, BOX 150

City TOPEKA State KS Zip Code 66614

Purpose of Disbursement
Contribution to Committee

FEC Identification Number

C C00660050

Transaction ID : B92F21456B

Amount of Each Disbursement this Period

1000.00

Candidate Name

Watkins, Steve, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B. COMSTOCK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2018

Mailing Address PO BOX 831

City Richmond State VA Zip Code 23218-0831

Purpose of Disbursement
Contribution to Committee

FEC Identification Number

C C00554261

Transaction ID : BFE30FD478

Amount of Each Disbursement this Period

1000.00

Candidate Name

Comstock, Barbara, J, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 10

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID SCHWEIKERT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2018

Mailing Address 228 S WASHINGTON STREET
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to Committee

FEC Identification Number

C C00440727

Transaction ID : B1AABFA1

Amount of Each Disbursement this Period

2000.00

Candidate Name

Schweikert, David, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District: 06

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address P.O. Box 960821

City
Riverdale

State
GA

Zip Code
30296-0821

Purpose of Disbursement
Contribution to Committee

Candidate Name

Scott, David, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	8

FEC Identification Number

C C00369801

Transaction ID : BBA9237F65

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Defazio for Congress

Mailing Address P.O. Box 1316

City
Springfield

State
OR

Zip Code
97477-0152

Purpose of Disbursement
Contribution to Committee

Candidate Name

DeFazio, Pete, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OR District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C C00215905

Transaction ID : B71EC6A7C2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DONALD M PAYNE JR FOR CONGRESS

Mailing Address PO BOX 2406

City
NEWARK

State
NJ

Zip Code
07114

Purpose of Disbursement
Contribution to Committee

Candidate Name

Payne, Donald, M., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C C00519355

Transaction ID : BCC23B243T

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address P.O. Box 998

City
Anoka

State
MN

Zip Code
55303-0998

Purpose of Disbursement
Contribution to Committee

Candidate Name

Emmer, Thomas, E., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00545749

Transaction ID : B2F7EBB93A

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. BOX 100

City
BOLTON

State
MS

Zip Code
39041

Purpose of Disbursement
Contribution to Committee

Candidate Name

Thompson, Bennie, G., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number

C C00279851

Transaction ID : BC493144698

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dan Kildee

Mailing Address P.O. Box 248

City
Flint

State
MI

Zip Code
48501-0248

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kildee, Dan, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00499947

Transaction ID : B939FA0531

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City
Columbia

State
SC

Zip Code
29211-2567

Purpose of Disbursement
Contribution to Committee

Candidate Name

Clyburn, James, E., Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00255562

Transaction ID : B9982E82101

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MATT GAETZ

Mailing Address PO BOX 168

City
MARY ESTER

State
FL

Zip Code
32569

Purpose of Disbursement
Contribution to Committee

Candidate Name

Gaetz, Matt, , Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00612432

Transaction ID : BFA6C6B4A2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Todd Young, Inc.

Mailing Address P.O. Box 1053

City
Bloomington

State
IN

Zip Code
47402-1053

Purpose of Disbursement
Contribution to Committee

Candidate Name

Young, Todd, C., Sen.,

Office Sought: House
 Senate
 President
State: IN District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number

C C00459255

Transaction ID : B40D705518:

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**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"/> 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. Guthrie for Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Contribution to Committee

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00445023

Transaction ID : B377A9F400

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HECK PAC

Mailing Address 119 1ST AVE S
205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20024-5122

Purpose of Disbursement
Contribution to Committee

Candidate Name

HECK PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00548792

Transaction ID : BF4095EC2D

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HERN FOR CONGRESS

Mailing Address 8630 S PEORIA AVENUE

City
TULSA

State
OK

Zip Code
74132

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hern, Kevin, R, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00636092

Transaction ID : B6675D752E

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. JIM BANKS FOR CONGRESS, INC.

Mailing Address PO BOX 11431

City
FORT WAYNE

State
IN

Zip Code
46858

Purpose of Disbursement

Candidate Name

Banks, Jim, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00577999

Transaction ID : B49A14AA58

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City
NEWTON

State
MA

Zip Code
02459

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kennedy, Joe, P., Rep., III

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00512970

Transaction ID : BE81D933F5!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kind, Ron, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00312017

Transaction ID : B8442E9614;

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO BOX 106

City
BOWLING GREEN

State
OH

Zip Code
43402-0106

Purpose of Disbursement
Contribution to Committee

Candidate Name

Latta, Robert, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C C00438697

Transaction ID : BAC36E871F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARIA ELVIRA SALAZAR FOR CONGRESS

Mailing Address P.O. BOX 558033

City
MIAMI

State
FL

Zip Code
33255

Purpose of Disbursement
Contribution to Committee

Candidate Name

Salazar, Maria, Elvira, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	8

FEC Identification Number

C C00671859

Transaction ID : BE61F448A9f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City
MORGANTOWN

State
WV

Zip Code
26507

Purpose of Disbursement
Contribution to Committee

Candidate Name

McKinley, David, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	8

FEC Identification Number

C C00473132

Transaction ID : B397601E9C

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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"/> 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. MENENDEZ FOR SENATE

Mailing Address PO BOX 32248

City
NEWARK

State
NJ

Zip Code
07102-0648

Purpose of Disbursement
Contribution to Committee

Candidate Name

Menendez, Bob, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C C00264564

Transaction ID : BA5E0BFF41

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moore for Congress

Mailing Address P.O. Box 16646

City
Milwaukee

State
WI

Zip Code
53216-0646

Purpose of Disbursement
Contribution to Committee

Candidate Name

Moore, Gwen, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	8

FEC Identification Number

C C00397505

Transaction ID : B243900C0F5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NEVADANS FOR STEVEN HORSFORD

Mailing Address PO BOX 336664

City
NORTH LAS VEGAS

State
NV

Zip Code
89033

Purpose of Disbursement
Contribution to Committee

Candidate Name

Horsford, Steven, Alexzander, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	8

FEC Identification Number

C C00668228

Transaction ID : B1B140A7A1

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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"/> 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

A. OLD NORTH STATE PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Contribution to Committee

Candidate Name OLD NORTH STATE PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

Date of Disbursement 09 / 10 / 2018

FEC Identification Number C00633818
Transaction ID : B9E0F26EFC
Amount of Each Disbursement this Period 500.00

Memo Item

B. PETE AGUILAR FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 10954

City SAN BERNARDINO State CA Zip Code 92423

Purpose of Disbursement Contribution to Committee

Candidate Name Aguilar, Peter, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

Date of Disbursement 09 / 24 / 2018

FEC Identification Number C00510461
Transaction ID : B8C271D856
Amount of Each Disbursement this Period 1000.00

Memo Item

C. Pete Sessions for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement Contribution for Committee

Candidate Name Sessions, Pete, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

Date of Disbursement 09 / 24 / 2018

FEC Identification Number C00303305
Transaction ID : B8465BD87C
Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO BOX 13040

City
Chicago

State
IL

Zip Code
60613-0040

Purpose of Disbursement
Contribution to Committee

Candidate Name

Quigley, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00457556

Transaction ID : BA77EEFB93

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rob Woodall for Congress

Mailing Address P.O. Box 1871

City
Lawrenceville

State
GA

Zip Code
30046-1871

Purpose of Disbursement
Contribution to Committee

Candidate Name

Woodall, Rob, , Rep., III

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00482307

Transaction ID : B8D1B7B78B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHORE PAC

Mailing Address P.O. BOX 3157

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement
Contribution to LPAC

Candidate Name

SHORE PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00410308

Transaction ID : BEC416576D

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

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"/> 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. Texans for Henry Cuellar Congressional Campaign		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 1519 Washington Street Suite 200		FEC Identification Number C C00371302 Transaction ID : BD2633BEF7 Amount of Each Disbursement this Period 1000.00
City Laredo	State TX	Zip Code 78040-4412
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Cuellar, Henry, R., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 28	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. TOMORROW IS MEANINGFUL PAC-TIM PAC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address P.O. BOX 347		FEC Identification Number C C00495887 Transaction ID : B4455765EBI Amount of Each Disbursement this Period 1000.00
City HAYMARKET	State VA	Zip Code 20168
Purpose of Disbursement Contribution to LPAC		Category/ Type
Candidate Name TOMORROW IS MEANINGFUL PAC-TIM PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Vargas for Congress		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 330 Encinitas Blvd. Suite 101		FEC Identification Number C C00497321 Transaction ID : BFF8B62EE7 Amount of Each Disbursement this Period 1000.00
City Encinitas	State CA	Zip Code 92024-8705
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Vargas, Juan, C, ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 51	<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 9070 Irvine Center Drive
#150

City Irvine State CA Zip Code 92618-4691

Purpose of Disbursement
Contribution to Committee

Candidate Name

Walters, Mimi, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number

C C00546853

Transaction ID : B2E9E0C88E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM TIMMONS FOR CONGRESS

Mailing Address PO BOX 3416

City GREENVILLE State SC Zip Code 29602

Purpose of Disbursement
Contribution to Committee

Candidate Name

Timmons, William, R, , IV

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: SC District: 04

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number

C C00668491

Transaction ID : BDCFB4BF57

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Yoder for Congress, Inc.

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225-6742

Purpose of Disbursement
Contribution to Committee

Candidate Name

Yoder, Kevin, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00472365

Transaction ID : BC8539E6C2

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

2500.00

**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"/> 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. YOUNG KIM FOR CONGRESS

Mailing Address PO BOX 2186

City
FULLERTON

State
CA

Zip Code
92837

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kim, Young, , ,

Office Sought: House
 Senate
 President
State: CA District: 39

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	8

FEC Identification Number

C C00665638

Transaction ID : BE0358E850/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

57500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Benedict, Matthew, A., Mr.,			Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address PO Box 430			FEC Identification Number C []	
City Auburn	State NY	Zip Code 13021	Transaction ID : BBFF95935D	
Purpose of Disbursement Refund			Amount of Each Disbursement this Period [] 275.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: []	District: []			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: []	District: []			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: []	District: []			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 275.00
TOTAL This Period (last page this line number only).....▶	[] 275.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Chuck Thomsen

Mailing Address 1595 Eastside Road

City
Hood River

State
OR

Zip Code
97031-9561

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : BABFC2F63E

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Kim Thatcher

Mailing Address 8970 Huff Ave

City
Salem

State
OR

Zip Code
97303-9722

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : B7585D3A48E

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Lee Beyer

Mailing Address 951 South Street

City
Springfield

State
OR

Zip Code
97477-2382

Purpose of Disbursement
Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : B1742221C7I

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

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

[REDACTED] 4000.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Tina Pickett

Mailing Address 986 Wesauking Drive

City Towanda

State PA

Zip Code 18848-7552

Purpose of Disbursement
VOID - Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C
Transaction ID : B42395971EC
Amount of Each Disbursement this Period
- 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Tom Oliverson

Mailing Address 1 E. Greenway Plza., Ste 225

City Houston

State TX

Zip Code 77046-0106

Purpose of Disbursement
VOID - Contribution to State Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : B0F35C1477C
Amount of Each Disbursement this Period
- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tom Oliverson

Mailing Address 1 E. Greenway Plza., Ste 225

City Houston

State TX

Zip Code 77046-0106

Purpose of Disbursement
Reissue: State Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : B0CB8EAA2
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

- 500.00

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

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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PAMIC PAC		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1017 Mumma Rd Ste 202		FEC Identification Number C [REDACTED] Transaction ID : B90B48FCB3 Amount of Each Disbursement this Period 500.00
City Wormleysburg	State PA	Zip Code 17043-1145
Purpose of Disbursement Contribution to State PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Texans for Rodney Anderson		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 548 Edgeview Dr		FEC Identification Number C [REDACTED] Transaction ID : B9536CDD8C Amount of Each Disbursement this Period 1000.00
City Grand Prairie	State TX	Zip Code 75052-3156
Purpose of Disbursement Reissue: State Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Texans for Rodney Anderson		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 548 Edgeview Dr		FEC Identification Number C [REDACTED] Transaction ID : B141B62505; Amount of Each Disbursement this Period - 1000.00
City Grand Prairie	State TX	Zip Code 75052-3156
Purpose of Disbursement VOID - Contribution to State Committee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Trump for Senate		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 171 S. Washington Street		FEC Identification Number C [] Transaction ID : B47002ED911 Amount of Each Disbursement this Period [] - 1000.00	
City Berkeley Springs	State WV	Zip Code 25411-1588	Category/Type []
Purpose of Disbursement VOID - Contribution to Committee		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/Type []
Purpose of Disbursement		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/Type []
Purpose of Disbursement		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] - 1000.00
TOTAL This Period (last page this line number only).....▶	[] 3000.00