

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) 3601 Vincennes Road PO Box 68700 Indianapolis IN 46268 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00170258 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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

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

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date 08 / 14 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | <input type="text" value="78506.16"/> | <input type="text" value="78506.16"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="19093.36"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="40021.06"/> | <input type="text" value="315686.31"/> |
| (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="59114.42"/> | <input type="text" value="394192.47"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="18932.04"/> | <input type="text" value="354010.09"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="40182.38"/> | <input type="text" value="40182.38"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 29972.70 | 213077.96 |
| (ii) Unitemized | 7735.57 | 82498.38 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 37708.27 | 295576.34 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 2000.00 | 19000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 39708.27 | 314576.34 |
| 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)..... | 311.17 | 1078.97 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 1.62 | 31.00 |
| 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))..... ▶ | 40021.06 | 315686.31 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 40021.06 | 315686.31 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 182.04 | 1510.09 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 182.04 | 1510.09 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 329000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 1250.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 1250.00 |
| 29. Other Disbursements | 18750.00 | 22250.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 18932.04 | 354010.09 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18932.04 | 354010.09 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 39708.27 | 314576.34 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 39708.27 | 313326.34 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 182.04 | 1510.09 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 311.17 | 1078.97 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -129.13 | 431.12 |

**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 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.95

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 02 | / | 2015 |

Transaction ID : A6E898221CB6B4A96B7B

Amount of Each Receipt this Period
96.15

B. Mr. Randall Trinklein
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 02 | / | 2015 |

Transaction ID : AD8A776DC8E704A8EB82

Amount of Each Receipt this Period
39.00

C. Ms. Debora K. Liden
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 592

| | | |
|---------------------------|-------------|-------------------|
| City Thief River Falls | State MN | Zip Code 56701 |
|---------------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Bray-Gentilly Mutual Insurance Company | Occupation Manager |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 02 | / | 2015 |

Transaction ID : A9CEA2C822AED49A6B29

Amount of Each Receipt this Period
500.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 635.15 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ms. Jami Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AEAC7B735BF544DC785A
 Amount of Each Receipt this Period
 39.00

B. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A950B34D171754A2D9B0
 Amount of Each Receipt this Period
 38.00

C. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AED0BB6F778DB42498F4
 Amount of Each Receipt this Period
 38.47

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 115.47 |
| 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 8 OF 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A56493E85A03446B7934
 Amount of Each Receipt this Period
40.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AAAC2A24DEE98424BB0D
 Amount of Each Receipt this Period
40.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A84A205841E1740B2B85
 Amount of Each Receipt this Period
43.48

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 123.48 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt 07 / 02 / 2015
Transaction ID : AB711EEE7DB344EA4A28
 Amount of Each Receipt this Period 77.00

B. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1638.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A0C41A5D6298B4E13950
 Amount of Each Receipt this Period 117.00

C. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 539.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A557F57CF0CCD418CB6F
 Amount of Each Receipt this Period 38.50

| | |
|---|--------|
| 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 10 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A73738B42A3544B4181C
 Amount of Each Receipt this Period
 38.47

B. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A437222E26ED04A99B3C
 Amount of Each Receipt this Period
 250.00

C. Mr. Rich Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 539.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AFABCA5DCB1D04E10B53
 Amount of Each Receipt this Period
 77.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 365.47 |
| 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 11 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Athan M. Shinas
Full Name (Last, First, Middle Initial)
Mailing Address 1460 Wells St
City Enumclaw State WA Zip Code 98022
FEC ID number of contributing federal political committee. **C**
Name of Employer Mutual of Enumclaw Insurance Company Occupation General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **312.51**

Date of Receipt **07 / 02 / 2015**
Transaction ID : AE1E36FD765B34D4DA DF
Amount of Each Receipt this Period **208.34**

B. Chris Belcher
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 618
City Columbia State MO Zip Code 65205
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Mutual Insurance Company Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **504.24**

Date of Receipt **07 / 02 / 2015**
Transaction ID : A1E2C4FF6DC9E4B84AAF
Amount of Each Receipt this Period **66.74**

C. Mr. Bernard Fechtel
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 618
City Columbia State MO Zip Code 65205
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Mutual Insurance Company Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 02 / 2015**
Transaction ID : ADB3F143A3D6C4D6ABCE
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1275.08**
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 12 OF 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A066E29631B284468B3D

Amount of Each Receipt this Period 40.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer National Association of Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 07 / 02 / 2015
Transaction ID : AD7086D1B3D8F4783A4C

Amount of Each Receipt this Period 90.00

C. Ms. Kristen Spriggs
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A4D85DA54228643D2AA4

Amount of Each Receipt this Period 20.00

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

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 13 OF 107 |
| | (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. Mr. Terry Suttner
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AC94B7409DB6444BE9D8

Amount of Each Receipt this Period
40.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A476DD907B0124A18A27

Amount of Each Receipt this Period
40.00

C. Mr. Thomas Karol
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW
Ste 540

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

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

| | |
|--|---------------------------------------|
| Name of Employer National Association of Mutual Insuran | Occupation Federal Affairs Counsel |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
590.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A4EFC0D7858CB4BF2ABD

Amount of Each Receipt this Period
45.46

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.46 |
| 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 14 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt 07 / 02 / 2015
Transaction ID : AA6769710B432431AA09
 Amount of Each Receipt this Period 96.16

B. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1477.32

Date of Receipt 07 / 02 / 2015
Transaction ID : AE653B4B9480148DAA5E
 Amount of Each Receipt this Period 113.64

C. Mr. Paul Tetrault
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation State & Policy Affairs Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A50253B8860F6452E984
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.80
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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms. Irica Solomon | | Date of Receipt |
| Mailing Address 122 C St NW Ste 540 | | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Washington | DC | 20001 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A75DC5C3C261F49DB9C2 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| National Association of Mutual Insuran | Vice President of Federal and Politica | <input type="text" value="45.46"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="590.98"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Scott Mackey | | Date of Receipt |
| Mailing Address PO Box 618 | | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Columbia | MO | 65205 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AB2138891456D4725965 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Columbia Mutual Insurance Company | Vice President | <input type="text" value="300.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Robert Gerding | | Date of Receipt |
| Mailing Address PO Box 618 | | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Columbia | MO | 65205 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : ABA5AFDDC7CEE437897C |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Columbia Mutual Insurance Company | Director | <input type="text" value="750.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="750.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1095.46"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 OF 107 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Benjamin Galloway | | Date of Receipt MM / DD / YYYY 07 / 02 / 2015 |
| Mailing Address PO Box 618 | | Transaction ID : A1C4990DF432D4AC7BF4 |
| City Columbia | State MO | Zip Code 65205 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Columbia Mutual Insurance Company | Occupation Senior Vice President & CRO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Jeffrey Greenwald | | Date of Receipt MM / DD / YYYY 07 / 02 / 2015 |
| Mailing Address PO Box 618 | | Transaction ID : AAAEEAEAE6B4D4710BF0 |
| City Columbia | State MO | Zip Code 65205 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Columbia Mutual Insurance Company | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Teresa Maledy | | Date of Receipt MM / DD / YYYY 07 / 02 / 2015 |
| Mailing Address c/o Commerce Bank PO Box 1677 | | Transaction ID : AFD30A81AF8204F98817 |
| City Columbia | State MO | Zip Code 65205 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Columbia Mutual Insurance Company | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 17 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ms. Betty Schuster
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AE13ACAACAA004163BEI
 Amount of Each Receipt this Period
 600.00

B. Mr. William Gusenius
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A3679B854C5C3406AB01
 Amount of Each Receipt this Period
 500.00

C. Ms. Laura Hinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 Amherst Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AECA2DB07594243B6BA0
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
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 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Ms. Gina Gervino
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President/Secretary & General Cou
 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
 07 / 02 / 2015
Transaction ID : A1C06B98ECED647DBB10
 Amount of Each Receipt this Period
 500.00

B. Mr. Robert O'Reilly
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation VP/Branch Manager
 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
 07 / 02 / 2015
Transaction ID : A0C10BF78A0C546BC972
 Amount of Each Receipt this Period
 275.00

C. Mr. Michael LeBlanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 11138 State Bridge Road, Ste 200
 City Johns Creek State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A9EFE27DD1BF7413E8CC
 Amount of Each Receipt this Period
 265.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1040.00 |
| 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 19 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Dwight Tully
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2180
 City Salina State KS Zip Code 67402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : ADC32E88FD1CA45CF949
 Amount of Each Receipt this Period
 250.00

B. Kelly J. Klug
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Federated Rural Electric Insurance Exc Occupation Senior Vice President, Treasurer, and
 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
 07 / 02 / 2015
Transaction ID : A205638ACB3D044AE867
 Amount of Each Receipt this Period
 500.00

C. Mr. Jon Jorgensen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President Underwriting
 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
 07 / 02 / 2015
Transaction ID : A757C49097FDC4C488DD
 Amount of Each Receipt this Period
 35.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 785.00 |
| 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 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Ms. Lisa M Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A1905283B87E144A49F7
 Amount of Each Receipt this Period
 42.00

B. Ms. Gayle Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Life Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A279FF2541F5F46A8844
 Amount of Each Receipt this Period
 85.00

C. Ms. Carolyn B. Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President - Claims
 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
 07 / 02 / 2015
Transaction ID : A0F8F4F94C6CF42BE8E4
 Amount of Each Receipt this Period
 85.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 212.00 |
| 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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

| | | |
|---|------------------------------------|-------------------|
| City Lansing | State MI | Zip Code 48909 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Auto-Owners Insurance Company | Occupation Assistant Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2015
Transaction ID : AB22218D3A986440582D

Amount of Each Receipt this Period
30.00

B. Mr. Drew A. Klasing
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|---|---|-------------------|
| City Lansing | State MI | Zip Code 48909 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Auto-Owners Insurance Company | Occupation Manager, Home Office Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 | |

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2015
Transaction ID : A1FD33E5B41C04C21AEA

Amount of Each Receipt this Period
45.00

C. Mr. Mike Pike
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

| | | |
|---|--|-------------------|
| City Lansing | State MI | Zip Code 48909 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Auto-Owners Insurance Company | Occupation Human Resources Professional | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 245.00 | |

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2015
Transaction ID : A351DE60E2E7C41FE97A

Amount of Each Receipt this Period
35.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Ms. Cathy M. Adcock
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **595.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A8CF015FE497F4F809E1
 Amount of Each Receipt this Period
85.00

B. Mr. Mark Wenger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President and Chief P&C
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A96C34AC571054D46A5F
 Amount of Each Receipt this Period
84.00

C. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AD10DCF24AF31473186F
 Amount of Each Receipt this Period
100.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 269.00 |
| 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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Ian R. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Investments and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A3F7A385F8B4345A0B27
 Amount of Each Receipt this Period
 70.00

B. Mr. William Woodbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation SVP, Secretary & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 641.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : AA8E7EB214F4B41F8BD3
 Amount of Each Receipt this Period
 91.67

C. Ms. Sherry L. McKenzie AAM, AIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A7427FF83F2A0417DB72
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 236.67
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 24 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Ms. Mary S. Pierce
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A521A2E711FA34016990
 Amount of Each Receipt this Period
 58.33

B. Mr. Michael D. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A7AC9DCA3C57E434291B
 Amount of Each Receipt this Period
 50.00

C. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : A344F1BEB1F60421EA67
 Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 158.33 |
| 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 25 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation AVP - Personal Lines Auto

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **07 / 02 / 2015**

Transaction ID : A66F0D797E05D495C875

Amount of Each Receipt this Period **45.00**

B. Ms. Diane Marshall
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 02 / 2015**

Transaction ID : A88F74CD034D945E0BCA

Amount of Each Receipt this Period **100.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 02 / 2015**

Transaction ID : AF2D3F139F1AB45D3B0A

Amount of Each Receipt this Period **100.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 245.00 |
| 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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Tim Lynch
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
07 / 02 / 2015
Transaction ID : AD3FF4C03D37C45B1B4E

Amount of Each Receipt this Period
41.67

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President, Financial Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 02 / 2015
Transaction ID : A70301E27784D4DF8B93

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 02 / 2015
Transaction ID : A66F0D29822284AB5848

Amount of Each Receipt this Period
30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 121.67 |
| 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 27 OF 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Mr. Barry Preslaski
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A92D63D5C4A6C41ABA4E
 Amount of Each Receipt this Period 30.00

B. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3337
 City Peoria State IL Zip Code 61612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 02 / 2015
Transaction ID : AF699567690E740B3B9D
 Amount of Each Receipt this Period 75.00

C. Mr. Lee Rademacher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Commercial Li
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A73413E3A3C784DB28EA
 Amount of Each Receipt this Period 30.00

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 135.00 |
| 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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Kraig T. Klopfenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A4E386BB68D3C484DAE3
 Amount of Each Receipt this Period 75.00

B. Ms. Diane Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 02 / 2015
Transaction ID : AC0E4D3646C0B4F06A81
 Amount of Each Receipt this Period 65.00

C. Mr. Kenneth Schroeder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2015
Transaction ID : A04E18055B9AC45DF88E
 Amount of Each Receipt this Period 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 190.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Jonathan R. Riekse
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **583.31**

Date of Receipt **07 / 02 / 2015**

Transaction ID : A51570081858142FD9AD

Amount of Each Receipt this Period **83.33**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **07 / 02 / 2015**

Transaction ID : A9193A806703A49AA978

Amount of Each Receipt this Period **75.00**

C. Mr. James C. Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 02 / 2015**

Transaction ID : A2855E127B4C24E00970

Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **200.33**

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 30 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Steven C. Speicher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President - Forest Regio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2015
Transaction ID : AA27FC5E9B7DE44B58BE
 Amount of Each Receipt this Period 50.00

B. Ms. Theresa Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6927
 City Richmond State VA Zip Code 23230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Assurance Society of Virginia Occupation Secretary-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 06 / 2015
Transaction ID : A7C8481109CFF470BA0F
 Amount of Each Receipt this Period 41.66

C. Mr. Mark Coe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 06 / 2015
Transaction ID : AD97EEC6BB42646ABBE3
 Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.66
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 31 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 06 / 2015**

Transaction ID : ADBAE2E6C8C944CD0A8

Amount of Each Receipt this Period **200.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **07 / 06 / 2015**

Transaction ID : AD1FCB23EE4BA4DC5BB

Amount of Each Receipt this Period **30.00**

C. Mr. Jeffrey S. Wrobel Sr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **341.66**

Date of Receipt **07 / 06 / 2015**

Transaction ID : AEBECDF5C768F457D885

Amount of Each Receipt this Period **50.00**

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Ms. Theresa Jakubick
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : A93F439D022DC41E0A13
 Amount of Each Receipt this Period
 20.00

B. Mr. Mike Horvath CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Vice President-Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : AD5BF4528FF524F6BB5A
 Amount of Each Receipt this Period
 20.00

C. Mr. Martin M. Doto CPCU, MSIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President Insurance Operat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : AF61E2072FCDB4532896
 Amount of Each Receipt this Period
 1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1040.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Dennis W. Halaquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : A33986538618F467181C
 Amount of Each Receipt this Period
 250.00

B. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : A68050256775C4A89AFD
 Amount of Each Receipt this Period
 45.00

C. Mr. Kent B. Shantz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : ADCF311B54C8E4A92830
 Amount of Each Receipt this Period
 77.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 372.00
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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. William Hanby
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125

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

Name of Employer Rockford Mutual Insurance Company Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **278.46**

Date of Receipt **07 / 06 / 2015**

Transaction ID : ABAEB9666E30F475DBB5

Amount of Each Receipt this Period **38.46**

B. Mr. Jonathan Bergner
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001

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

Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 06 / 2015**

Transaction ID : A68C343F588A3414F9E5

Amount of Each Receipt this Period **500.00**

C. Ms. Sherry Kidwell
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer United Ohio Insurance Company Occupation Manager of Application

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 06 / 2015**

Transaction ID : A6033391459774CF3951

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **558.46**

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 35 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Frederick Schunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mutual of Enumclaw Insurance Company
 Occupation: Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.34

Date of Receipt: 07 / 08 / 2015
Transaction ID : ABCE3FB8F3C1E4926980
 Amount of Each Receipt this Period: 41.67

B. Mr. Cort O'Haver
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mutual of Enumclaw Insurance Company
 Occupation: Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 08 / 2015
Transaction ID : A4A86FD601CBD4034A32
 Amount of Each Receipt this Period: 500.00

C. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: NAMIC Insurance Company, Inc.
 Occupation: President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt: 07 / 10 / 2015
Transaction ID : A1952A872982C43A489E
 Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 637.82
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 36 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Michael Jim Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2502
 City State Zip Code
 Fargo ND 58108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nodak Mutual Insurance Company Executive Vice President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : A2F22E23A9F4241BC81D
 Amount of Each Receipt this Period
 250.00

B. Ms. Pamela J. Keeney
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAMIC Insurance Company, Inc. Vice President - Underwriting & Ins Op
 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
 07 / 10 / 2015
Transaction ID : ABA1C9CA4B7D7407581D
 Amount of Each Receipt this Period
 15.00

C. Mr. Neil Aldredge
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Senior Vice President - State and Poli
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : A27EBF6B9E8BD4776AED
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.00
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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **608.72**

Date of Receipt **07 / 10 / 2015**

Transaction ID : A0D0297AAD5214273933

Amount of Each Receipt this Period **43.48**

B. Mr. David Middleton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **07 / 10 / 2015**

Transaction ID : A9CD978BD68D54CE0BCF

Amount of Each Receipt this Period **40.00**

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Vice President, Personal Lines & Marke

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt **07 / 10 / 2015**

Transaction ID : A4587B740DE914A04BCD

Amount of Each Receipt this Period **20.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 103.48 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Mr. David N. Cote Esq., AIC

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Manag

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 10 / 2015
Transaction ID : A4763F12D3B104A6997B

Amount of Each Receipt this Period
20.00

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

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
Norfolk & Dedham Mutual Fire Insurance Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 10 / 2015
Transaction ID : A57EC1E4E650C4280ACE

Amount of Each Receipt this Period
20.00

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

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
07 / 10 / 2015
Transaction ID : AA1DFF1732B234987A9F

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00

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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Joseph B. Haswell
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

Name of Employer: Norfolk & Dedham Mutual Fire Insurance
Occupation: Assistant Division Manager, Casualty C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: 07 / 10 / 2015
Transaction ID : ABCC152B46FE7479895B

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: 07 / 10 / 2015
Transaction ID : A266D818A92BB4039B12

Amount of Each Receipt this Period: **20.00**

C. Mr. Michael L. Faron CPCU
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

Name of Employer: Norfolk & Dedham Mutual Fire Insurance
Occupation: Commercial Lines Division Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt: 07 / 10 / 2015
Transaction ID : AAF1FFFED42A4803A14

Amount of Each Receipt this Period: **40.00**

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Ms. Sandra G. Parrillo CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6066
 City Providence State RI Zip Code 02940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Mutual Fire Insurance Compa Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 07 / 10 / 2015
Transaction ID : A8AE33A6929364D078BE
 Amount of Each Receipt this Period 90.00

B. Ms. Irica Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President of Federal and Politica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.44

Date of Receipt 07 / 10 / 2015
Transaction ID : A2C81B585DCCC45D994F
 Amount of Each Receipt this Period 45.46

C. Mr. Paul Tetrault
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation State & Policy Affairs Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 10 / 2015
Transaction ID : ABC1E8660DEDC4916844
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶ 155.46
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 41 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW
 Ste 540
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1590.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : AFD0FD6E50CD0454AA35
 Amount of Each Receipt this Period
 113.64

B. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : A538E2B4775E24FABBA6
 Amount of Each Receipt this Period
 96.16

C. Mr. Thomas Karol
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW
 Ste 540
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : A4BDB2FBE535940A6992
 Amount of Each Receipt this Period
 45.46

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 255.26 |
| 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 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Mr. John Hair
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
07 / 10 / 2015
Transaction ID : A1298969E745542CB825

Amount of Each Receipt this Period
40.00

B. Mr. Terry Suttner
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
07 / 10 / 2015
Transaction ID : AF2B5029AE35044DA8DC

Amount of Each Receipt this Period
40.00

C. Ms. Kristen Spriggs
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 10 / 2015
Transaction ID : A8200F6F559F44946A68

Amount of Each Receipt this Period
20.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

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

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

| | |
|--|--|
| Name of Employer National Association of Mutual Insuran | Occupation Vice President - State Affairs |
|--|--|

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 |
| 07 | / | 10 | / | 2015 |

Transaction ID : A7B6B03460297494EBEE

Amount of Each Receipt this Period

| | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|-------|
| 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
| | | | | | | | | | | 40.00 |

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

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

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

| | |
|--|-------------------------------|
| Name of Employer National Association of Mutual Insuran | Occupation President & CEO |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1260.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 10 | / | 2015 |

Transaction ID : A0032C58100F24BB6AD4

Amount of Each Receipt this Period

| | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|-------|
| 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
| | | | | | | | | | | 90.00 |

C. Mr. Mark H. Ewert
Full Name (Last, First, Middle Initial)
Mailing Address 20935 Swenson Dr
Ste 200

| | | |
|------------------|-------------|-------------------|
| City Waukesha | State WI | Zip Code 53186 |
|------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer Partners Mutual Insurance Company | Occupation Executive Vice President, Treasurer & |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 10 | / | 2015 |

Transaction ID : A1FA386D4EF8247BF850

Amount of Each Receipt this Period

| | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|--------|
| 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
| | | | | | | | | | | 110.00 |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 240.00 |
| 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 44 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 13 / 2015**

Transaction ID : A9792F4E4519F44E3881

Amount of Each Receipt this Period **20.00**

B. Ms. Theresa Jakubick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 13 / 2015**

Transaction ID : A5D316795C7E04F5EA82

Amount of Each Receipt this Period **20.00**

C. Mr. David Grove
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 13 / 2015**

Transaction ID : A1B312E90BA4742C9AE2

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 111

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

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

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

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
07 / 13 / 2015

Transaction ID : A10A917B523B8490080E

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 111

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : A502B1B08808E4D77A03

Amount of Each Receipt this Period
39.00

C. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)

Mailing Address 1725 Hopley Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : A0F04EC996F864EC3B46

Amount of Each Receipt this Period
45.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 114.00 |
| 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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Ms. Sherry Kidwell
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Ohio Insurance Company Occupation Manager of Application
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : A458248866D7D4DA8A54
 Amount of Each Receipt this Period **200.00**

B. Mrs. Stacey Matteson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Bragaw St Ste 100
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Umialik Insurance Company Occupation Director of Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **07 / 15 / 2015**
Transaction ID : A287FB4A7D5F84523A28
 Amount of Each Receipt this Period **40.00**

C. Mr. Randall Trinklein
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **585.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A8BA3D3EB2C3642F1A2D
 Amount of Each Receipt this Period **39.00**

SUBTOTAL of Receipts This Page (optional)..... **99.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Phil McCain | | Date of Receipt MM / DD / YYYY 07 / 16 / 2015 Transaction ID : ACB37B0A030C24BFB8D0 |
| Mailing Address One Mutual Avenue | | Amount of Each Receipt this Period 38.47 |
| City Frankenmuth | State MI | Zip Code 48787 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Frankenmuth Mutual Insurance Company | Occupation Vice President, IT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 577.05 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Andrew Knudsen | | Date of Receipt MM / DD / YYYY 07 / 16 / 2015 Transaction ID : A98551AAA356A412D9F2 |
| Mailing Address One Mutual Avenue | | Amount of Each Receipt this Period 38.00 |
| City Frankenmuth | State MI | Zip Code 48787 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Frankenmuth Mutual Insurance Company | Occupation Vice President, Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 570.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Jami Kelly | | Date of Receipt MM / DD / YYYY 07 / 16 / 2015 Transaction ID : AE476BA5F8C654B77B82 |
| Mailing Address One Mutual Avenue | | Amount of Each Receipt this Period 39.00 |
| City Frankenmuth | State MI | Zip Code 48787 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Frankenmuth Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 585.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 115.47 |
| 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 48 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1155.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A633AD28935724597B17
 Amount of Each Receipt this Period **77.00**

B. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A1F55AFAA56AC4876A49
 Amount of Each Receipt this Period **38.47**

C. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **577.50**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A035D8F7CA74B415384B
 Amount of Each Receipt this Period **38.50**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 153.97 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : A600808A8F52541DBAE3
 Amount of Each Receipt this Period
 117.00

B. Mr. Dan DeArment PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 646
 City Bedford State PA Zip Code 15522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Friends Cove Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : AB904DD60E41C4E2EAA0
 Amount of Each Receipt this Period
 250.00

C. Mr. David DeGeorge
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : A5B3DA3E116A44BE7933
 Amount of Each Receipt this Period
 20.83

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 387.83 |
| 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 50 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1365.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A6D155B2010D54A69A3B
 Amount of Each Receipt this Period **105.00**

B. Ms. Phyllis Senseman LUTCF
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.92**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A2B2CE02B1BAE402788D
 Amount of Each Receipt this Period **20.84**

C. Ms. Ginny Caro
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **541.58**

Date of Receipt **07 / 16 / 2015**
Transaction ID : ACDADF87C60054075884
 Amount of Each Receipt this Period **41.66**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 167.50 |
| 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: PAGE 51 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Noel A. Williams

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 CopperPoint Mutual Insurance Company Occupation Vice President of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt **07 / 16 / 2015**
Transaction ID : AE69FA4CC422D43108DD

Amount of Each Receipt this Period **20.83**

Full Name (Last, First, Middle Initial)
B. Ms. Yvette Gonzales

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 CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt **07 / 16 / 2015**
Transaction ID : A1273983AE30F46F5B2B

Amount of Each Receipt this Period **41.66**

Full Name (Last, First, Middle Initial)
C. Mr. Randy Gerdes

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 CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **271.44**

Date of Receipt **07 / 16 / 2015**
Transaction ID : AEF46AA2C98F44F039A7

Amount of Each Receipt this Period **20.88**

SUBTOTAL of Receipts This Page (optional)..... **83.37**

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 52 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

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 CopperPoint Mutual Insurance Company Occupation Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.71

Date of Receipt 07 / 16 / 2015
Transaction ID : ADBBE22A0215247C28A7

Amount of Each Receipt this Period 41.67

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

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 CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 16 / 2015
Transaction ID : A733E67416E4E4A238F7

Amount of Each Receipt this Period 21.00

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

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 CopperPoint Mutual Insurance Company Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

Date of Receipt 07 / 16 / 2015
Transaction ID : A1D1F94C7FD764A75BEA

Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.33

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 53 OF 107 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. Brent Nelson
Full Name (Last, First, Middle Initial)
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 CopperPoint Mutual Insurance Company Occupation Chief Financial Officer & Executive Vi
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 16 / 2015
Transaction ID : A8C3C019EAFDA495291A
Amount of Each Receipt this Period 20.84

B. Mr. Bruce D. Thomas PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 594
City Algona State IA Zip Code 50511
FEC ID number of contributing federal political committee. **C**
Name of Employer Heartland Mutual Insurance Association Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 07 / 16 / 2015
Transaction ID : ADFB48876669443A59A3
Amount of Each Receipt this Period 200.00

C. Ms. Jo Ann M. Kuschel PFMM
Full Name (Last, First, Middle Initial)
Mailing Address 545 Harold Meyer Dr
City New Haven State MO Zip Code 63068
FEC ID number of contributing federal political committee. **C**
Name of Employer Boeuf & Berger Mutual Insurance Compan Occupation Secretary/Treasurer/ Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2015
Transaction ID : A29F964445B9F40439BF
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.84
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 54 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. John F. Wolf
 Full Name (Last, First, Middle Initial)
 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 Indiana Lumbermens Mutual Insurance Co Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : A245CCF700C1E4F23A81
 Amount of Each Receipt this Period
 250.00

B. Mr. Brad Fortner PFMM, FMDC
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Protective Mutual Insurance Co Occupation Chief Operations Officer/Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : A8D8093FDD8FC41B792B
 Amount of Each Receipt this Period
 100.00

C. Mr. Anthony Decarlo
 Full Name (Last, First, Middle Initial)
 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 Pennsylvania Lumbermens Mutual Insuran Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : A7B8795AACA7A463291C
 Amount of Each Receipt this Period
 500.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 107 |
| | <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. Mr. Jake Black
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 968

City Concordia State MO Zip Code 64020

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

Name of Employer CFM Insurance, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : A2CE4610F753D4E619AB

Amount of Each Receipt this Period
50.00

B. Mr. Coleman Wortham
Full Name (Last, First, Middle Initial)

Mailing Address 4001 Fitzhugh Ave

City Richmond State VA Zip Code 23230

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

Name of Employer Mutual Assurance Society of Virginia Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : A6EB9330D94DD4EC4AF1

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 396

City Ellinwood State KS Zip Code 67526

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

Name of Employer Farmers Mutual Insurance Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : A3FC9CE2559B24385967

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **340.00**

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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Ms. Bernie Dochnahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Board of Trustees
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : A060A914520CF4D289AE
 Amount of Each Receipt this Period
 2500.00

B. Mr. David DeGeorge
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation Application Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : AF177823D02B44B58848
 Amount of Each Receipt this Period
 20.83

C. Mr. Rick DeGraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A2F7061A754E34FDE819
 Amount of Each Receipt this Period
 41.66

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2562.49 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 107 |
| | <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"/> 18 |

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

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Daniel Witt | | | Date of Receipt |
| Mailing Address 3030 N 3rd St | | | <input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : AC6E4B6BE8B6F43DD911 |
| Phoenix | AZ | 85012 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="21.00"/> |
| Name of Employer | Occupation | | |
| CopperPoint Mutual Insurance Company | Claims Manager | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="294.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Randy Gerdes | | | Date of Receipt |
| Mailing Address 3030 N 3rd St | | | <input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A0E2561090CF44ADA8A8 |
| Phoenix | AZ | 85012 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="20.88"/> |
| Name of Employer | Occupation | | |
| CopperPoint Mutual Insurance Company | Vice President of Strategy | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="292.32"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Yvette Gonzales | | | Date of Receipt |
| Mailing Address 3030 N 3rd St | | | <input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A47F1A22C6C7E4D3AACB |
| Phoenix | AZ | 85012 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="41.66"/> |
| Name of Employer | Occupation | | |
| CopperPoint Mutual Insurance Company | Senior Vice President & CIO | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="583.24"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="83.54"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Noel A. Williams
Full Name (Last, First, Middle Initial)

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 CopperPoint Mutual Insurance Company Occupation Vice President of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 24 / 2015
Transaction ID : ABFD896D77A4C4EC2811

Amount of Each Receipt this Period 20.83

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

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 CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.24

Date of Receipt 07 / 24 / 2015
Transaction ID : A872E970469F847AB8CF

Amount of Each Receipt this Period 41.66

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

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 CopperPoint Mutual Insurance Company Occupation Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 24 / 2015
Transaction ID : A77F3B727F90B4CD6B6B

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶ 104.16

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 59 OF 107 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Ms. Phyllis Senseman LUTCF
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 24 / 2015
Transaction ID : A79CC850AED23407880E
 Amount of Each Receipt this Period 20.84

B. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 07 / 24 / 2015
Transaction ID : AC8840120960F4F82845
 Amount of Each Receipt this Period 105.00

C. Mr. Brent Nelson
 Full Name (Last, First, Middle Initial)
 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 CopperPoint Mutual Insurance Company Occupation Chief Financial Officer & Executive Vi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 24 / 2015
Transaction ID : A09F9B2D5043F4B688D2
 Amount of Each Receipt this Period 20.84

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 146.68 |
| 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 60 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Michael L. Faron CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Division Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 620.00

Date of Receipt
 07 / 24 / 2015
Transaction ID : AEA609422837344FD81C
 Amount of Each Receipt this Period
 40.00

B. Mr. Joseph B. Haswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 07 / 24 / 2015
Transaction ID : A1AC2791DA26B4D958D8
 Amount of Each Receipt this Period
 20.00

C. Mr. Robert G. Street AIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 07 / 24 / 2015
Transaction ID : AF21CC898E9864062A99
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 61 OF 107 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. F. Timothy Hegarty Jr., CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A6A9B48DF636641B3927
 Amount of Each Receipt this Period
 45.00

B. Mr. David N. Cote Esq., AIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Corporate Secretary, NE Division Manag
 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
 07 / 24 / 2015
Transaction ID : A32922EB421B34F8CAC8
 Amount of Each Receipt this Period
 20.00

C. Mr. Thomas Alighieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : A841AC2DDDB9E48FF9A1
 Amount of Each Receipt this Period
 20.00

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 85.00 |
| 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 62 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Vice President, Personal Lines & Marke

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 07 / 24 / 2015
Transaction ID : A4C07F246D8D0477C8DD

Amount of Each Receipt this Period 20.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 652.20

Date of Receipt 07 / 27 / 2015
Transaction ID : AB8F36AFA20F44C65881

Amount of Each Receipt this Period 43.48

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 27 / 2015
Transaction ID : A483D9FCCC7944FBE9FE

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 103.48

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 27 / 2015**

Transaction ID : A6C97318F8FA04A3EB9E

Amount of Each Receipt this Period **40.00**

B. Ms. Pamela J. Keeney
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer NAMIC Insurance Company, Inc. Occupation Vice President - Underwriting & Ins Op

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 27 / 2015**

Transaction ID : AE50DBEBFF7C94A599F8

Amount of Each Receipt this Period **15.00**

C. Mr. Tim F. Sullivan RPLU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1442.25**

Date of Receipt **07 / 27 / 2015**

Transaction ID : AE6083747DAD04048B0D

Amount of Each Receipt this Period **96.15**

SUBTOTAL of Receipts This Page (optional)..... **151.15**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Mr. Stephen F. Fabian

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.65

Date of Receipt
07 / 27 / 2015
Transaction ID : A4E9FE7A401924FAF829

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Mr. Jeff Rink

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014

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

Name of Employer Occupation
Harford Mutual Insurance Company Vice President of Marketing and Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.29

Date of Receipt
07 / 27 / 2015
Transaction ID : AF3EF5FEF9F1748F832

Amount of Each Receipt this Period
41.66

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

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014

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

Name of Employer Occupation
Harford Mutual Insurance Company Assistant Vice President Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.29

Date of Receipt
07 / 27 / 2015
Transaction ID : A24236247697B4D5E959

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.66

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 65 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Frank P. Kellner III
 Full Name (Last, First, Middle Initial)
 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 Harford Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.29

Date of Receipt 07 / 27 / 2015
Transaction ID : AC8E2536B529446D6BC7
 Amount of Each Receipt this Period 41.66

B. Mr. Thomas W. Beach
 Full Name (Last, First, Middle Initial)
 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 Pennsylvania Lumbermens Mutual Insuran Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2015
Transaction ID : A5C827DECF2A1478690E
 Amount of Each Receipt this Period 500.00

C. W. A. Bissette
 Full Name (Last, First, Middle Initial)
 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 Pennsylvania Lumbermens Mutual Insuran Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2015
Transaction ID : A09F16A758D5943F3B67
 Amount of Each Receipt this Period 500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1041.66 |
| 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 66 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Robert F. Ohler
 Full Name (Last, First, Middle Initial)
 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 Harford Mutual Insurance Company Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.67

Date of Receipt 07 / 27 / 2015
Transaction ID : A7640D4E138BB45AF9FC
 Amount of Each Receipt this Period 83.34

B. Mr. Steven D. Linkous
 Full Name (Last, First, Middle Initial)
 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 Harford Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.69

Date of Receipt 07 / 27 / 2015
Transaction ID : A42D5BAB6CA4F4697B16
 Amount of Each Receipt this Period 208.26

C. Mr. Joe Thesing
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 27 / 2015
Transaction ID : ACE4EE6DD2DC74F0F8E4
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 331.60
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 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : AC69BF8C68FD3423B937
 Amount of Each Receipt this Period **90.00**

B. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1442.40**

Date of Receipt **07 / 27 / 2015**
Transaction ID : A480D95841AC6455C877
 Amount of Each Receipt this Period **96.16**

C. Mr. John Hair
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : A9971FBB129E245E1A57
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **226.16**
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 68 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001

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

Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
681.90

Date of Receipt
07 / 27 / 2015
Transaction ID : A6B6D89E1EF964CE8ABB

Amount of Each Receipt this Period
45.46

B. Ms. Kristen Spriggs
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 27 / 2015
Transaction ID : A3BE179B307F74FEEAA7

Amount of Each Receipt this Period
20.00

C. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1704.60

Date of Receipt
07 / 27 / 2015
Transaction ID : A6320C8BF17FA4AD18F1

Amount of Each Receipt this Period
113.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.10

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 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

| | | |
|---|--|-------------------|
| City Indianapolis | State IN | Zip Code 46268 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Mutual Insuran | Occupation State & Policy Affairs Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

Date of Receipt
07 / 27 / 2015
Transaction ID : A623672B1474547ABACC

Amount of Each Receipt this Period
200.00

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

| | | |
|---|---|-------------------|
| City Indianapolis | State IN | Zip Code 46268 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Mutual Insuran | Occupation Vice President - Membership/Insurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

Date of Receipt
07 / 27 / 2015
Transaction ID : AB1FCF8BA3BC84CD8A77

Amount of Each Receipt this Period
40.00

C. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW
Ste 540

| | | |
|---|--|-------------------|
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer National Association of Mutual Insuran | Occupation Vice President of Federal and Politica | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 681.90 | |

Date of Receipt
07 / 27 / 2015
Transaction ID : A1978CF28570C494A858

Amount of Each Receipt this Period
45.46

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.46 |
| 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 70 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. Athan M. Shinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mutual of Enumclaw Insurance Company
 Occupation: General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.85

Date of Receipt: 07 / 28 / 2015
Transaction ID : A929147048E644E0E94D
 Amount of Each Receipt this Period: 208.34

B. Mr. Roger Owens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mutual of Enumclaw Insurance Company
 Occupation: Special Investigation Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.20

Date of Receipt: 07 / 28 / 2015
Transaction ID : A66EDD534062D40D7814
 Amount of Each Receipt this Period: 41.68

C. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mutual of Enumclaw Insurance Company
 Occupation: President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 07 / 28 / 2015
Transaction ID : A4756DCF16F984131B8C
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.02
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 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Rich Hawkins | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2015 Transaction ID : AA264A00D7A3E4029942 |
| Mailing Address 1460 Wells St | | Amount of Each Receipt this Period 77.00 |
| City Enumclaw | State WA | Zip Code 98022 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Mutual of Enumclaw Insurance Company | Occupation Vice President, Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 616.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Steven C. Speicher | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2015 Transaction ID : A9F184AEA5F574DEFA93 |
| Mailing Address PO Box 30660 | | Amount of Each Receipt this Period 50.00 |
| City Lansing | State MI | Zip Code 48909 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Auto-Owners Insurance Company | Occupation Regional Vice President - Forest Regio | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. James C. Schumacher | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2015 Transaction ID : A200DD288B02741DBABC |
| Mailing Address PO Box 30660 | | Amount of Each Receipt this Period 42.00 |
| City Lansing | State MI | Zip Code 48909 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Auto-Owners Insurance Company | Occupation Director - Agency Systems | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 336.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 169.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Jonathan R. Riekse
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **666.64**

Date of Receipt **07 / 29 / 2015**
Transaction ID : A39920380B4894E959E6
 Amount of Each Receipt this Period **83.33**

B. Mr. Daniel J. Thelen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President of Human Resourc
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : AAA5C5AD6CC4C4CE2848
 Amount of Each Receipt this Period **75.00**

C. Ms. Diane Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : A15A215A4BE4E4AE1BB8
 Amount of Each Receipt this Period **65.00**

SUBTOTAL of Receipts This Page (optional)..... **223.33**
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 73 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : A2CB816B6DE494C7FA24

Amount of Each Receipt this Period **50.00**

B. Mr. Lee Rademacher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President-Commercial Li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : A3C7B04BF06214DBE85F

Amount of Each Receipt this Period **30.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : AFFBDC8F248BC40E890E

Amount of Each Receipt this Period **75.00**

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

Date of Receipt **07 / 29 / 2015**
Transaction ID : A26136F9D9F4F49CBA5A
 Amount of Each Receipt this Period **30.00**

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

Date of Receipt **07 / 29 / 2015**
Transaction ID : A8F85BDD225844CA1947
 Amount of Each Receipt this Period **30.00**

C. Mr. Charles W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3337
 City Peoria State IL Zip Code 61612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : ADABBA48EE9964B14B81
 Amount of Each Receipt this Period **75.00**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 135.00 |
| 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 75 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Mike Pike
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Human Resources Professional
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : ACFE951A87EC744B684C
 Amount of Each Receipt this Period
35.00

B. Ms. Cathy M. Adcock
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **680.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : AC8AE1383938C47289EF
 Amount of Each Receipt this Period
85.00

C. Ms. Alice Hamm
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : A5CFE0D06FB9481C90A
 Amount of Each Receipt this Period
30.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : AED7600DEACE94A848EA

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Mr. Jon Jorgensen

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

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

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
07 / 29 / 2015

Transaction ID : AAEADBE3F045D4677A36

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Mr. Tim Lynch

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : A631D40CDB25047BCBDB

Amount of Each Receipt this Period
41.67

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 161.67 |
| 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 78 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President, Financial Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : A91C433E0799F4E82B0C

Amount of Each Receipt this Period **50.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : A2759DC0753C7443D9C2

Amount of Each Receipt this Period **100.00**

C. Ms. Diane Marshall
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : A05F3574F73104BD89B7

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **250.00**

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 79 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

Name of Employer Occupation
Auto-Owners Insurance Company AVP - Personal Lines Auto

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : A15F6032B90AD4A7E81C

Amount of Each Receipt this Period
45.00

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

Name of Employer Occupation
Auto-Owners Insurance Company 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
07 / 29 / 2015

Transaction ID : AC574B68EF3434382B88

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909

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

Name of Employer Occupation
Auto-Owners Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
466.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : A7026BD9F7D5A43E8A37

Amount of Each Receipt this Period
58.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 153.33 |
| 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 80 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Ian R. Ward
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Investments and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : AAFE64B2404204440B0E

Amount of Each Receipt this Period **70.00**

B. Ms. Sherry L. McKenzie AAM, AIS
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 29 / 2015**

Transaction ID : ABF1B611C35E04B37BA5

Amount of Each Receipt this Period **75.00**

C. Mr. William Woodbury
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917

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

Name of Employer Auto-Owners Insurance Company Occupation SVP, Secretary & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **733.36**

Date of Receipt **07 / 29 / 2015**

Transaction ID : A44E45EB77D4843869CD

Amount of Each Receipt this Period **91.67**

SUBTOTAL of Receipts This Page (optional)..... **236.67**

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

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

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

FOR LINE NUMBER: PAGE 81 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company President
 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
 07 / 29 / 2015
Transaction ID : AF440F5C02B714D9A856
 Amount of Each Receipt this Period
 100.00

B. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Vice President-Claims
 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
 07 / 29 / 2015
Transaction ID : A6E82EA6BB88646EEA62
 Amount of Each Receipt this Period
 50.00

C. Mr. Mark Wenger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Vice President and Chief P&C
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : A03894048E26D454882D
 Amount of Each Receipt this Period
 84.00

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 82 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Rick W. Parks CPCU, AU,
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1029

| | | |
|---------------------|-------------|-------------------|
| City Fond du Lac | State WI | Zip Code 54936 |
|---------------------|-------------|-------------------|

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

| | |
|--|-----------------------------|
| Name of Employer Society Insurance, a mutual co | Occupation President/CEO |
|--|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : ACBA6A43E18664F0484F

Amount of Each Receipt this Period
1000.00

B. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : A2FF3C076B9E64249BFF

Amount of Each Receipt this Period
30.00

C. Mr. David Grove
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : AA88C25B5948947E7AA2

Amount of Each Receipt this Period
20.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms. Theresa Jakubick | | Date of Receipt |
| Mailing Address PO Box 111 | | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Bucyrus | OH | 44820 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AD680A815C73B476A998 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Ohio Mutual Insurance Company | Project Manager | <input type="text" value="20.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="340.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Mike Horvath CPCU | | Date of Receipt |
| Mailing Address PO Box 111 | | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Bucyrus | OH | 44820 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : ABE69321D0E9E47E49BC |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Ohio Mutual Insurance Company | Vice President-Human Resources | <input type="text" value="20.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Dona L. Mohr | | Date of Receipt |
| Mailing Address 1725 Hopley Ave | | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Bucyrus | OH | 44820 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AC34C48FE8F574A589F4 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Ohio Mutual Insurance Company | Assistant Vice President-Quality Servi | <input type="text" value="45.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="765.00"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="85.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : A684167928B614F50BC0

Amount of Each Receipt this Period **39.00**

B. Mr. John F. Marazzo
Full Name (Last, First, Middle Initial)

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 Pennsylvania Lumbermens Mutual Insuran Occupation Vice President and Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : A9887C7BB10204F37B01

Amount of Each Receipt this Period **40.00**

C. Mr. John F. Marazzo
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : AF616F7F4C6BA4C88A14

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **119.00**

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 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

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 Pennsylvania Lumbermens Mutual Insuran Occupation Compensation Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.00**

Date of Receipt
07 / 31 / 2015
Transaction ID : A1B402C39C8A24134AAE

Amount of Each Receipt this Period
24.00

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

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 Pennsylvania Lumbermens Mutual Insuran Occupation Compensation Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.00**

Date of Receipt
07 / 31 / 2015
Transaction ID : A76F98A8C69A64692A5C

Amount of Each Receipt this Period
24.00

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

Mailing Address 2005 Market St
Ste 1200

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1235.00**

Date of Receipt
07 / 31 / 2015
Transaction ID : A02957557666C4CB4827

Amount of Each Receipt this Period
190.00

SUBTOTAL of Receipts This Page (optional)..... **238.00**

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 86 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 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 Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A09BA42622A224556BB4
 Amount of Each Receipt this Period 190.00

B. Mr. Shane Heeren
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation Director of Marketing & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A54AA477A6E9A4212924
 Amount of Each Receipt this Period 40.00

C. Mr. Kent B. Shantz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 654.50

Date of Receipt 07 / 31 / 2015
Transaction ID : A51020118F59B42F2BB7
 Amount of Each Receipt this Period 77.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.00
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 107 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mr. Joseph DeChatelets CPCU | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : A81F4543D6A9243DB956 |
| Mailing Address PO Box 5626 | | Amount of Each Receipt this Period 192.32 |
| City Rockford | State IL | Zip Code 61125 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rockford Mutual Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.64 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. William Hanby | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : A1349EC3503AE4AE5871 |
| Mailing Address PO Box 5626 | | Amount of Each Receipt this Period 38.46 |
| City Rockford | State IL | Zip Code 61125 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rockford Mutual Insurance Company | Occupation Chief Information Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 316.92 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Berto Sciolla | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : ADDEF0C05B22B4180992 |
| Mailing Address PO Box 10350 | | Amount of Each Receipt this Period 500.00 |
| City Stamford | State CT | Zip Code 06904 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer General Reinsurance Corporation | Occupation Regional Manager - NA Treaty Reinsuran | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 730.78 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Ms. Jami Kelly
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 624.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : AFF4096AE26674CD6B30
Amount of Each Receipt this Period
39.00

B. Mr. Randall Trinklein
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 624.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : AF282C75BCCE044D4A3D
Amount of Each Receipt this Period
39.00

C. Mr. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787
FEC ID number of contributing federal political committee. **C**
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.52

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : A04003C3A0710463C853
Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional).....▶ 116.47
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 89 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Don W. Blackwell
Full Name (Last, First, Middle Initial)

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 Indiana Lumbermens Mutual Insurance Co Occupation Secretary & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A19B425E4F13F46EDBF7

Amount of Each Receipt this Period 40.00

B. Mr. Don W. Blackwell
Full Name (Last, First, Middle Initial)

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 Indiana Lumbermens Mutual Insurance Co Occupation Secretary & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : AA138AD85218640A5BCC

Amount of Each Receipt this Period 40.00

C. Ms. Sherry Kidwell
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer United Ohio Insurance Company Occupation Manager of Application

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 31 / 2015
Transaction ID : A55E2F817BD954BDC993

Amount of Each Receipt this Period 20.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : A38179BE68B444DBEA1F
 Amount of Each Receipt this Period
 77.00

B. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1872.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : AED3DA185ABCD49B98AC
 Amount of Each Receipt this Period
 117.00

C. Mr. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : A22AFB577976D4AE1B38
 Amount of Each Receipt this Period
 38.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 232.00 |
| 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 91 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **616.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : A8894C125DBB341DEA4F

Amount of Each Receipt this Period **38.50**

B. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **615.52**

Date of Receipt **07 / 31 / 2015**

Transaction ID : AFD181567285B4A69BC1

Amount of Each Receipt this Period **38.47**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 76.97 |
| TOTAL This Period (last page this line number only).....▶ | 29972.70 |

**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 92 OF 107 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

City Madison State WI Zip Code 53783

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A4DF661982E0440CE9A0

Amount of Each Receipt this Period
 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | 2000.00 |

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

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

FOR LINE NUMBER: PAGE 93 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. NAMIC Administrative Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1078.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : ACFF13535EE5948F49BA
 Amount of Each Receipt this Period
 311.17
 Reimb. of bank fees

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

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

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

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 311.17 |
| TOTAL This Period (last page this line number only).....▶ | 311.17 |

**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 94 OF 107 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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

A. Chase Bank
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 31.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : A5FB340E3EB6C4E6CA36
Amount of Each Receipt this Period 1.55
Bank Interest

B. Chase Bank
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 31.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : A8C1A8484B7FE4B76AFE
Amount of Each Receipt this Period 0.07
Bank Interest

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

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

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1.62 |
| TOTAL This Period (last page this line number only).....▶ | 1.62 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **BB1AD71BA7EEA43B9BFE**

Amount of Each Disbursement this Period

120.84

Category/
Type

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **BBB8E7A0228FA47FE9F0**

Amount of Each Disbursement this Period

7.95

Category/
Type

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **BC6F72BDBFB8F435A93C**

Amount of Each Disbursement this Period

19.50

Category/
Type

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

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

148.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

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
07 / 10 / 2015

Transaction ID : B280AADF015F24CD085F

Amount of Each Disbursement this Period

23.75

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

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
07 / 31 / 2015

Transaction ID : B03883163607141BE8FC

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

33.75

182.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Elect Karen Fann Committee

Mailing Address 5691 Hole in One Drive

City Prescott State AZ Zip Code 86301-8109

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B5DB555B2A53E42D6A30

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Morgan Meyer for Texas

Mailing Address 3232 McKinney Ave
Suite 660

City Dallas State TX Zip Code 75204-8584

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B9DC83648C83C47228A0

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Rich Golick

Mailing Address 2372 Simpson Farm Way

City Smyrna State GA Zip Code 30080-4626

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B8E1150CC84014F0AB76

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect John Meadows

Mailing Address PO Box 1255

City Calhoun State GA Zip Code 30703-1255

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B6304C70A57B147EC901

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. B.J. Pak for State House

Mailing Address 1034 Morgan Garner Drive

City Lilburn State GA Zip Code 30047-5478

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B86B781B1764A4AC1BE1

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Committee to Elect Tom Rice

Mailing Address 11213 Brookhaven Club Drive

City Johns Creek State GA Zip Code 30097

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : BA377507CE8BC4B2D8B4

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1500.00

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

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FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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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 Re-Elect Carolyn Hugley

Mailing Address P.O. Box 6342

City Columbus State GA Zip Code 31917-6342

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B38C015CE516A460FBBF

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. People for Barry Fleming

Mailing Address 507 Canterbury Court

City Harlem State GA Zip Code 30814-5085

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B5D039AF84DFE447CBCF

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Williamson for Walton

Mailing Address Post Office Box 430

City Monroe State GA Zip Code 30655-0430

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : B8FCB473067B14455948

Amount of Each Disbursement this Period

250.00

Category/
Type

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

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

1250.00

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

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

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <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. Vote Livingston

Mailing Address 9559 W Menadota Dr

City Peoria State AZ Zip Code 85382-4196

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : B40F638D63E6E4AF8B8D

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Wendell Willard

Mailing Address 755 River Gate Drive

City Sandy Springs State GA Zip Code 30350-4621

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : B6046C6E8A0234612978

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Howard Maxwell

Mailing Address 716 Graham Road

City Dallas State GA Zip Code 30132-7469

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : B1D707B175E7F4D9795F

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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

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

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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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 Richard Smith

Mailing Address Post Office Box 2122

City Columbus State GA Zip Code 31902-2122

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : B83BB272AC68D4A5BA06

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Re-Elect Debbie Lesko

Mailing Address PO Box 5292

City Peoria State AZ Zip Code 85385-5292

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : B5F23621B9FCA4D0CB97

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Committee to Elect Butch Miller

Mailing Address 4734 Arapahoe Trail

City Gainesville State GA Zip Code 30506-2797

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : BB9DA29AA168C491FBDE

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Bethel for Georgia Senate

Mailing Address 1701 Briarcliff Circle

City Dalton State GA Zip Code 30720-5184

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B1B9E488B96A1483ABAB

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Frullo Campaign

Mailing Address 4024 75th Street

City Lubbock State TX Zip Code 79423-1108

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B288A06274685480F899

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Cowsert for Senate

Mailing Address P.O. Box 627

City Athens State GA Zip Code 30603-0627

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B7182E1240E864B718DD

Amount of Each Disbursement this Period

500.00

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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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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 Josh McKoon

Mailing Address P.O. Box 2565

City Columbus State GA Zip Code 31902-2565

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : BCBA8E7D1C8A84FC8A7F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. P. K. Martin for State Senate

Mailing Address 455 Pine Forest Dr

City Lawrenceville State GA Zip Code 30046-6000

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : B25F72745230746E2922

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Shafer Senate Committee

Mailing Address Post Office Box 880

City Duluth State GA Zip Code 30096

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : B02A01F33DCC9415F923

Amount of Each Disbursement this Period

500.00

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

1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <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. Ralston for Representative Committee

Mailing Address P. O. Box 1196

City Blue Ridge State GA Zip Code 30513-0021

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B071DF3366A5B4AE9B8E

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Committee to Elect Renee Unterman

Mailing Address Post Office Box 508

City Buford State GA Zip Code 30515-0508

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B659E6D0A9DFF478B8B8

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends to Elect Burt Jones

Mailing Address P O Box 767

City Jackson State GA Zip Code 30233-0016

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B53B4B6AC68B1467AB9F

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

2000.00

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

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Yarbrough/Senate 2016

Mailing Address 2241 E Pecos Rd

City Chandler State AZ Zip Code 85225-6144

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : BA0BCAB8900124126BA2

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Kimberly Yee for Arizona 2016

Mailing Address PO Box 83561

City Phoenix State AZ Zip Code 85071-3561

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : BAB6AED087A294E7182C

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Kenneth F. Sheets for State Representative

Mailing Address PMB #869 6333 E. Mockingbird Lane
Suite 147

City Dallas State TX Zip Code 75214-2672

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : B975A04F24B8346409DE

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

2000.00

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

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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 Ron Richard

Mailing Address 1419 W 4Th St

City Joplin State MO Zip Code 64801-3033

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : BDC0E7B2BEB4342BBA15

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Ohio Republican Party - State Account

Mailing Address 211 SOutH Fifth Street

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : B104943BF638D40A18D5

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizen's to Elect Don Gosen

Mailing Address 2448 Taylor Road

City Wildwood State MO Zip Code 63040-1222

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : BFF6F97E02606469C89E

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

2500.00

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

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FOR LINE NUMBER:
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| | | | | | |
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| <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. Wieland Now

Mailing Address 1015 Castleman Drive

City Imperial State MO Zip Code 63052-3830

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : B5D76CAD9D6754E99990

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Richardson

Mailing Address Po Box 310

City Poplar Bluff State MO Zip Code 63902-0310

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : BA5C9F2B6D7F9478EA46

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

1250.00

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

18750.00