

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

Mutual of Omaha Companies PAC (IMPAC)

ADDRESS (number and street) Mutual of Omaha Plaza

Check if different than previously reported. (ACC) Omaha NE 68175

2. **FEC IDENTIFICATION NUMBER** C00094581 **CITY** **STATE** **ZIP CODE**

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

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on / / in the State of /

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

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

Election on / / in the State of /

5. Covering Period 07 / 01 / 2015 through 12 / 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 Galen F Ullstrom

Signature of Treasurer Galen F Ullstrom *[Electronically Filed]* Date 01 / 13 / 2016

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)

Page 2

Write or Type Committee Name

Mutual of Omaha Companies PAC (IMPAC)

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="181120.68"/>	<input type="text" value="181120.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="195647.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50427.31"/>	<input type="text" value="103354.27"/>
(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="246074.95"/>	<input type="text" value="284474.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39075.00"/>	<input type="text" value="77475.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="206999.95"/>	<input type="text" value="206999.95"/>
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

Write or Type Committee Name

Mutual of Omaha Companies PAC (IMPAC)

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).....	38656.37	68678.39
(ii) Unitemized	11770.94	34675.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50427.31	103354.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50427.31	103354.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	50427.31	103354.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50427.31	103354.27

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	71500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2575.00	5975.00
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)) ..	39075.00	77475.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39075.00	77475.00

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)	50427.31	103354.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50427.31	103354.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

A. Amber L Rinehart
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06MED Supp P

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP and Actuary
-------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A57BE735E989944FCBBA

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

B. Sandra L Maass Thelen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LAW-CORPOR Serv

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Associate General Counsel III
-------------------------------------	---

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
12	/	10	/	2015

Transaction ID : AAD4565D6147146AF98C

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

C. Timothy S Ault
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04BENEFIT So

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Benefit Solutions
-------------------------------------	-------------------------------------

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
12	/	10	/	2015

Transaction ID : A9C5B894A39104E8EA44

Amount of Each Receipt this Period

180.00

Payroll Deduction: \$30.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Stephen J Abels

Mailing Address **Mutual of Omaha Plaza 06INDIVIDUAL**
Prod

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **SVP Indiv Pre-Retirement Sol**

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
12 / 10 / 2015

Transaction ID : A437767C7333949B7BFC

Amount of Each Receipt this Period
330.00

Payroll Deduction: \$55.00/Monthly

Full Name (Last, First, Middle Initial)
B. Diana C Fuller

Mailing Address **Mutual of Omaha Plaza 11INVESTIGAT**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Compliance & Ethics Manager**

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
12 / 10 / 2015

Transaction ID : A7FDAF9F8D3FC426EB73

Amount of Each Receipt this Period
330.00

Payroll Deduction: \$55.00/Monthly

Full Name (Last, First, Middle Initial)
C. Patrick S Osborne

Mailing Address **Mutual of Omaha Plaza 09GRAPHIC De**
Desi

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Lead Graphic Designer**

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
12 / 10 / 2015

Transaction ID : ACCE695D4A1614FD8A47

Amount of Each Receipt this Period
180.00

Payroll Deduction: \$30.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Martin F Traynor

Mailing Address **Mutual of Omaha Plaza 04VOLUNTARY**

City State Zip Code
Omaha NE 68175-0001

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

Name of Employer Occupation
Mutual of Omaha VP Voluntary Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 10 / 2015
Transaction ID : A5C55ECC8DBC74E959BE

Amount of Each Receipt this Period
240.00

Payroll Deduction: \$40.00/Monthly

Full Name (Last, First, Middle Initial)
B. Lance D Grigsby

Mailing Address **Mutual of Omaha Plaza 05CORPORATE**
Actu

City State Zip Code
Omaha NE 68175-0001

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

Name of Employer Occupation
Mutual of Omaha SVP & Corp Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
12 / 10 / 2015
Transaction ID : A98D184E5954A4ACD9EF

Amount of Each Receipt this Period
210.00

Payroll Deduction: \$35.00/Monthly

Full Name (Last, First, Middle Initial)
C. Elizabeth A Mazzotta

Mailing Address **Mutual of Omaha Plaza Plhuman Reso**

City State Zip Code
Omaha NE 68175-0001

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

Name of Employer Occupation
Mutual of Omaha SVP Chief HR Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
12 / 10 / 2015
Transaction ID : A83810EB6E7CA4F1389C

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$60.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **810.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. James M McMenamy
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 10RPD Plan A

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Mgr Business Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : AED63D5B89AD74CFFAE7

Amount of Each Receipt this Period **210.00**

Payroll Deduction: \$35.00/Monthly

B. Dee A Henry
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05CORPORATE Acco

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation SVP Corporate Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A3FE2845AEAA24D5E9B7

Amount of Each Receipt this Period **210.00**

Payroll Deduction: \$35.00/Monthly

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

Mailing Address Mutual of Omaha Plaza 04INVESTMENT Mana

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation SVP Third Party Inv Mgrs & Int

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : AD90E81C5D5064EF685E

Amount of Each Receipt this Period **330.00**

Payroll Deduction: \$55.00/Monthly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Debra K Frazier
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 08INDIV Clai

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Sr Project Mgr
-------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AB7F7AE9C9D2846B88DD

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

B. John J Kaspar
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04GRP Actuar

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Product Performance Director
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2004.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A92812CD626034A0E971

Amount of Each Receipt this Period

1002.00

Payroll Deduction: \$167.00/Monthly

C. Michael D Wilkins
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06INDIVIDUAL
Unde

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation VP & Medical Director
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AFC2551896EC0443397C

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1422.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Julie M Moore
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04GROUP Offi

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Dir GBS Planning & Opers
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A962FA8B10A6C4DA083E

Amount of Each Receipt this Period

216.00

Payroll Deduction: \$36.00/Monthly

B. Jean M Lane
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Bfinbound Ma

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Supv Support Services
-------------------------------------	-------------------------------------

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
12	/	10	/	2015

Transaction ID : AE30D6E33B3674C4085E

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

C. Richard C Rychly Jr
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05IFS Rptg &

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Financial Analyst III
-------------------------------------	-------------------------------------

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
12	/	10	/	2015

Transaction ID : AB92E5E5820C04704AE5

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$40.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	786.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Lorrie K Martin
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05IS Enterpr

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Application Solution Architect
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ADEC6208DD9B04519902

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

B. John A Corrieri
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 10RPD 401K P

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP 401k
-------------------------------------	-----------------------

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
12	/	10	/	2015

Transaction ID : A8BA0ADCE6B7B48E2859

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

C. Stefanie J Laguzza
Full Name (Last, First, Middle Initial)

Mailing Address Plaza 1IS Command Center-Assist Ct

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Command Center Team Lead
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A5399C17FB88E4A3BB33

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

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

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

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

FOR LINE NUMBER: PAGE 13 OF 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

A. Harry E Goulding
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza Osbank-Portf
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Dir Loan Review
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 12 / 10 / 2015
Transaction ID : A44DBB5E7C92E4C0588B
 Amount of Each Receipt this Period 330.00
 Payroll Deduction: \$55.00/Monthly

B. Kevin A Engelkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 06IFS Qa & T
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Sr Business Systems Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 10 / 2015
Transaction ID : AA951174808624F68856
 Amount of Each Receipt this Period 210.00
 Payroll Deduction: \$35.00/Monthly

C. Ronald J Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 07ADVANCED M Mark
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Director Advanced Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 10 / 2015
Transaction ID : AE3F79059630540A38BD
 Amount of Each Receipt this Period 210.00
 Payroll Deduction: \$35.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Kathleen J Brown
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 08CLAIMS Sup

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Director Claims
-------------------------------------	-------------------------------

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
12	/	10	/	2015

Transaction ID : A56AF6AFE9854667AD5

Amount of Each Receipt this Period

180.00

Payroll Deduction: \$30.00/Monthly

B. Michael E Huss
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LAW-CORPOR Serv

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Deputy General Counsel
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A2DD8FE57C0384FC5ACA

Amount of Each Receipt this Period

204.00

Payroll Deduction: \$34.00/Monthly

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

Mailing Address Mutual of Omaha Plaza 02IS Desktop

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Assoc Systems Engineer
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A1270F3D670B64E1A992

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	594.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. John L Haver
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 07INDIVIDUAL

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Individual Producer Sales
-------------------------------------	---

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
08	/	10	/	2015

Transaction ID : AAB07F6D7FDC5456E978

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$60.00/Monthly

B. Mary L Kuhn
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 07DISTRIBUTI

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Distribution Ops
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A7601532880124A6BBF2

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Monthly

C. Kathryn L Mellor
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06IFS Prod P

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Process & Project Mgmt
-------------------------------------	---

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
12	/	10	/	2015

Transaction ID : A3B18C66ED13D43FCB43

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

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

Mailing Address Mutual of Omaha Plaza 12INDIVIDUAL

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation EVP Individual Financial Svcs
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1503.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : A911656CB366B44C4B63

Amount of Each Receipt this Period

501.00

Payroll Deduction: \$167.00/Monthly

B. Curtis R Caldwell
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04PORTFOLIO

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Inv Prtfllo Strtges & Mgmt
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A484C9ABDF0B0461DADA

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$50.00/Monthly

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

Mailing Address Mutual of Omaha Plaza 12FINANCE Op Oper

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation EVP CFO & Treasurer
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AB7266D34AEE047359C0

Amount of Each Receipt this Period

1000.02

Payroll Deduction: \$166.67/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1801.02
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 17 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Jay L Kruger
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04PORTFOLIO

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Structd Secur Portf Mgmt
-------------------------------------	--

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
12	/	10	/	2015

Transaction ID : A841CE0FD96A74FDDBAE

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

B. John H Hildenbiddle III
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 09BRAND Mana

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP BrandMgmt/Public Relations
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : A9021508325F74B239E8

Amount of Each Receipt this Period

55.00

Payroll Deduction: \$55.00/Monthly

C. John D Clark
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Flori

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Private Client Services
-------------------------------------	---

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
12	/	10	/	2015

Transaction ID : AA1ABE60BF043487ABC5

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$40.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Stacy A Scholtz

Mailing Address **Mutual of Omaha Plaza 12CORPORATE**
Oper

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **EVP Corporate Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : A3F3015A1952C4A1CB0D

Amount of Each Receipt this Period

1200.00

Payroll Deduction: \$200.00/Monthly

Full Name (Last, First, Middle Initial)
B. Darlene R Grandia

Mailing Address **Mutual of Omaha Plaza 02IS Devops**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Sr Tech Solution Architect**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : A09476503A7764E998F2

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$60.00/Monthly

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

Mailing Address **Mutual of Omaha Plaza Osbank-Comme**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Chief Risk Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : A2EC4AB012E194628A45

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1890.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Patrick M Miner

Mailing Address **Mutual of Omaha Plaza 04PORTFOLIO**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Inv Prtfllo Strtges & Mgmt
--	---

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
12	/	10	/	2015

Transaction ID : A32EAF0437FC14459FE

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

Full Name (Last, First, Middle Initial)
B. John P Foley

Mailing Address **Mutual of Omaha Plaza 04REAL Estat**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Mortg&Real Estate Inv Mgmt
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A4684CB726FD74489819

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$50.00/Monthly

Full Name (Last, First, Middle Initial)
c. Helen R Curry

Mailing Address **Mutual of Omaha Plaza 11POLICY and**

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Mgr Prod & Filing Compliance
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AFFAAFCA9E08C4D69A2C

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Gregory S Peterson

Mailing Address **Mutual of Omaha Plaza Osbank-Ca Ad**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation Area President I
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A0D8B7CF5E9B7438CBD7

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

Full Name (Last, First, Middle Initial)
B. Deborah A Andahl

Mailing Address **Mutual of Omaha Plaza S1MATERIALS
Mana**

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Mgr Corporate Support Svcs
--	---

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 : ACCEB6E8499FC45B59F4

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/Monthly

Full Name (Last, First, Middle Initial)
C. John M Fischer

Mailing Address **Mutual of Omaha Plaza 10RPD Inst I**

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation Ret Plan Product Line Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AE85E86A3B8FF477C8A3

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Carl T Adamson Jr
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plcorporate

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Omaha	Occupation VP Corporate Operations
-------------------------------------	---------------------------------------

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
12	/	10	/	2015

Transaction ID : AF7AA173A539D447EB71

Amount of Each Receipt this Period

180.00

Payroll Deduction: \$30.00/Monthly

B. Bruce W Henricks
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06INDIVIDUAL
Unde

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP & Medical Director
-------------------------------------	-------------------------------------

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
12	/	10	/	2015

Transaction ID : A4C2CD64D23B7495DB58

Amount of Each Receipt this Period

180.00

Payroll Deduction: \$30.00/Monthly

C. Kurt S Christiansen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05CORPORATE
Tax

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Corporate Tax
-------------------------------------	---------------------------------

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
12	/	10	/	2015

Transaction ID : AC7516D3221AC48638F8

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. John R Cox
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Spbank-Credi

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Chief Credit Officer
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AB394F07B84DC4F0D80B

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

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

Mailing Address Mutual of Omaha Plaza 11COMPLIANCE

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Chf Compl & Ethics Officer
-------------------------------------	---

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
12	/	10	/	2015

Transaction ID : A9BD9B31D22D24B1696A

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

C. Marjorie J Heller
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osmutual of

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Bank Chief Admin Officer
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A64CB99C4138D404EB09

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Dwayne W Sieck
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza S1MUTUAL of

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Pres CmmrcI Bank & Chf Lnd Ofc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A33ACEDB582A04B04AFA

Amount of Each Receipt this Period **330.00**

Payroll Deduction: \$55.00/Monthly

B. John R OMalley
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 07PARTNERSHI Mark

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Dir Nat'l Ptnrshp Sls&Mktg Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A9F51E25A7EE54476983

Amount of Each Receipt this Period **210.00**

Payroll Deduction: \$35.00/Monthly

C. James R Milhiser
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Pasad

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Comm Real Estate Bnkr III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

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

Transaction ID : A0F91D727B58A4490A27

Amount of Each Receipt this Period **35.00**

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **575.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 70
<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Stephen C Fisher

Mailing Address **Mutual of Omaha Plaza 03LITIGATION**
Serv

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Associate General Counsel III**

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
12 / 10 / 2015

Transaction ID : A3FBDCD5E5C9E4B16B18

Amount of Each Receipt this Period
330.00

Payroll Deduction: \$55.00/Monthly

Full Name (Last, First, Middle Initial)
B. Mark C Andahl

Mailing Address **Mutual of Omaha Plaza 11MARKET Con**
Cond

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Regulatory Issues Analyst**

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 : AEECC2A3CE204A10A29

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$30.00/Monthly

Full Name (Last, First, Middle Initial)
C. Kimberly E Fischer

Mailing Address **Mutual of Omaha Plaza 06IFS Qa & T**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **QA Test Analyst**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : AF4E65CF351804B6E82A

Amount of Each Receipt this Period
210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	570.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Richard A Witt
Full Name (Last, First, Middle Initial)

Mailing Address **Mutual of Omaha Plaza 04INVESTMENT**
Mana

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **EVP Chief Investment Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : A5C385BB84FBE44B1BFE

Amount of Each Receipt this Period
1350.00

Payroll Deduction: \$225.00/Monthly

B. Chandra J Coleman
Full Name (Last, First, Middle Initial)

Mailing Address **Mutual of Omaha Plaza 05VALUATION**
I

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Financial Actuarial Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : A4DABF95BE75F4F58A7E

Amount of Each Receipt this Period
210.00

Payroll Deduction: \$35.00/Monthly

C. Michelle A Lebens
Full Name (Last, First, Middle Initial)

Mailing Address **Mutual of Omaha Plaza Spenterprise**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **SVP Enterprise Proj Mgmt Org**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : A8019F544247C44ECB70

Amount of Each Receipt this Period
330.00

Payroll Deduction: \$55.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1890.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 70
	(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)
Mutual of Omaha Companies PAC (IMPAC)

A. Ernest L Rongish
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06L & A Prod

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP and Actuary
-------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A9F5B67E8E0A643F0B5D

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

B. Penny E Bryant
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06DIST Comp-

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Business Systems Consultant
-------------------------------------	---

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
12	/	10	/	2015

Transaction ID : A1FF73B45748447028D1

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$60.00/Monthly

C. Kathleen P Olson
Full Name (Last, First, Middle Initial)

Mailing Address Plaza 9COMMUNICATIONS & Prairie

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Comm & Public Relations
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A86FF1AA5C68E41238AF

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	780.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Alan Brinkman
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05VALUATION #1

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP and Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A19194B7C79324B8090B

Amount of Each Receipt this Period **210.00**

Payroll Deduction: \$35.00/Monthly

B. Daniel N Smith III
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osprd Instit

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Natl Sales Dir-Inst Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A2F6B39402DA343DCAD0

Amount of Each Receipt this Period **330.00**

Payroll Deduction: \$55.00/Monthly

C. Daniel P Martin
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 12GROUP Bene

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation EVP Indiv & Group Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2040.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A34EB93269CE24994BFD

Amount of Each Receipt this Period **1020.00**

Payroll Deduction: \$170.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1560.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Andrew B Rouillard
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 09BRAND Mgmt

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP Brand Mgmt & Advertising

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : A3399B6C414E741CE9BA

Amount of Each Receipt this Period
240.00

Payroll Deduction: \$40.00/Monthly

B. Rachelle L Bruning
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 08CORPORATE Oper 1

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP Corporate Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : A87169FA9B8F249AE85D

Amount of Each Receipt this Period
210.00

Payroll Deduction: \$35.00/Monthly

C. John A Brown
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Infrast

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation SVP I/S Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : A728CC9AED7B5470C8F7

Amount of Each Receipt this Period
450.00

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Ann C Tanis
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 07SSC Mgmt &

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Sales & Solutions Ctr
-------------------------------------	--

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
12	/	10	/	2015

Transaction ID : A1074024183E64039BA0

Amount of Each Receipt this Period

180.00

Payroll Deduction: \$30.00/Monthly

B. Kevin R Fenster
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plcorporate

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Mgr Bus Continuity&Records Mgt
-------------------------------------	--

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
12	/	10	/	2015

Transaction ID : AA284FD2D85654D448F3

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$60.00/Monthly

C. Galen F Ullstrom
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03STATE Gove

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP State Government Relations
-------------------------------------	--

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
12	/	10	/	2015

Transaction ID : A8590D569832C44F7B3F

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$60.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

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

Mailing Address Mutual of Omaha Plaza 12IS Operati
Oper

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation EVP Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : AA2E296D42B434BA2995

Amount of Each Receipt this Period
210.00

Payroll Deduction: \$35.00/Monthly

B. Barbara J Bergmeier
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 12INTERNAL A

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation SVP Chief Internal Auditor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : AA9B8E71E820441D0ABD

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$60.00/Monthly

C. Robert G Herrera
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Adminis
Admi

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Sr Business Systems Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : AB4FC2ECD12AD43C08AC

Amount of Each Receipt this Period
180.00

Payroll Deduction: \$30.00/Monthly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. James T Blackledge
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 12CHAIRMAN o

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Chief Executive Officer
-------------------------------------	---------------------------------------

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	/	10	/	2015

Transaction ID : AB81E4EEF03F54EE7B63

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$100.00/Monthly

B. Robert C Corn
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 11COMPLIANCE

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Regulatory Relations
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ACD63AC8F5AF04BAD8C3

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

c. VP Claims Sheryl F Abegglen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 08CLAIMS

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Claims & Cust Exper Plng
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AFB41B634FCAC4630AD1

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 32 OF 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Mark A Lyons

Mailing Address **Mutual of Omaha Plaza 07LIFE Natio**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **National Sales Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : A2133BE377EF3459EB03

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$60.00/Monthly

Full Name (Last, First, Middle Initial)
B. Patricia M Keairnes

Mailing Address **Mutual of Omaha Plaza 05REGULATORY**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Dir Finance**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : AF2CC13506BE34151895

Amount of Each Receipt this Period
330.00

Payroll Deduction: \$55.00/Monthly

Full Name (Last, First, Middle Initial)
C. Jason T Jarzynka

Mailing Address **Mutual of Omaha Plaza 04GRP Produc**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **VP and Actuary**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : ACA01DF9DB8644699844

Amount of Each Receipt this Period
210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **900.00**

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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Stephen T Hannah
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osgrp Sales

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Regional Vice President
-------------------------------------	---------------------------------------

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
12	/	10	/	2015

Transaction ID : A49C790D5E5C34BAA95D

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

B. Richard C Anderl
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LAW Operat Oper

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation EVP & General Counsel
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A5DFA2E30532D4B67AB5

Amount of Each Receipt this Period

600.00

Payroll Deduction: \$100.00/Monthly

C. Melissa S Taylor
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Oswashington Ofc

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Government Affairs
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A2ADC5FE784764F908F7

Amount of Each Receipt this Period

690.00

Payroll Deduction: \$115.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1620.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Linda K Johnson
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Hr Syst

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Business Systems Consultant
-------------------------------------	---

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
12	/	10	/	2015

Transaction ID : A440DB5E8C54343AE82E

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$40.00/Monthly

B. Thomas R Whalen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plis Securit

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Info Services Manager
-------------------------------------	-------------------------------------

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
12	/	10	/	2015

Transaction ID : A8E3208D298CD46B2A00

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

C. Robert A Gries
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05GROUP Fiel

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Mgr Distribution Compensation
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A3D02C4C45EAE4EB0813

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	780.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Scott L Herchenbach
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 10RPD Retire

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Retirement Plans
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AB362D2CD867043C88D6

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$35.00/Monthly

B. Martha K Zajicek
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LAW-CORPOR Serv

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Associate General Counsel II
-------------------------------------	--

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
12	/	10	/	2015

Transaction ID : AAE16B854BC704207B27

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

C. Kenneth R Cook
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 01ECRC

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation President East Campus Realty
-------------------------------------	--

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
12	/	10	/	2015

Transaction ID : A1BBA274DA3FD4764905

Amount of Each Receipt this Period

330.00

Payroll Deduction: \$55.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	870.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Lisa W Marshall
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Data &

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Info Services Manager
-------------------------------------	-------------------------------------

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
12	/	10	/	2015

Transaction ID : ACAE8D553E03A4EA0BE3

Amount of Each Receipt this Period

180.00

Payroll Deduction: \$30.00/Monthly

B. James T Blackledge
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 12CHAIRMAN o

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Chief Executive Officer
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2783.35**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A0884DF74883148ECB04

Amount of Each Receipt this Period

2083.35

Payroll Deduction: \$416.67/Monthly

C. Timothy J O'Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Oscinnati Ofc

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Regional Manager
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A232E0B1E89694780820

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	2413.35
TOTAL This Period (last page this line 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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Leslie J VanderVeen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04PORTFOLIO

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Public Bond Portfolio Mgmt
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A88A03CE4914D43E5B57

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

B. Daniel A Langer
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03POS-CCC Su
Supp

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Policyowner Operations
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A5F671DE676D745F1999

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

C. Victor N Hanson
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04INVESTMENT

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Credit Risk Mgmt
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AE90CE6A7767D4504B15

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Kris A Scoone
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Treas

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Treasury Svcs Sls Conslnt
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A07ED5B47A93C4646A92

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

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

Mailing Address Mutual of Omaha Plaza 11COMPLIANCE

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Compl & Market Conduct
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ADC508DE4F8E24B4B9FD

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

C. Harry L Capadano III
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LAW-CORPOR
Serv

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Associate General Counsel III
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A17B2CE89FEAD45FFB5C

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$25.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Rebecca A Brack
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plcorporate

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Business Continuity Analyst
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AB92ED07322A64FF6911

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Teresa R Kingsbury
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06DIST Comp-

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Distribution Compensation
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A331C0AC3921347DA807

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Johnson K Miller
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Energ

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Energy Lender
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A0682B70D89C64C58925

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Michael E Rosenthal
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Hr Syst

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Application Systems Analyst
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AF95E81325CCD42068C5

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Todd D Kuxhausen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05IFS Rptg &

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Financial Analyst III
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ABD64841901834214BCC

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Bradley N Buechler
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 07DIRECT To

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Indiv Retirement Solutions
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AD18072AC2C534CDC80C

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Julia S Calvo
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plis Securit

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Business Systems Consultant
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A3EC955AAA0DC4B708DE

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Richard W Elliott
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plmaterials

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Corporate Support Svcs
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A04A4300BA2F0481080B

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Michael J Winter
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Credi

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Credit Officer
-------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A4436F7B3A4D74DE89E4

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Justin P Kavan
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04SECURITIES

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation SVP Priv Inv Sourcing & Trdng
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A03FD67935CB940AABF2

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Matthew T Minchow
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza S1BANK-NATIO

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation EVP National Banking
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A80FA431284E246C58EE

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Cheryl K Thomas
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04IS Grp Fin

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Business Systems Analyst
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ADE4021BBB609464186E

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Pamela D Bishop

Mailing Address **Mutual of Omaha Plaza 11MARKET Con**
Cond

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation Mgr Market Conduct
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A3AE03A65064B45B693A

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

Full Name (Last, First, Middle Initial)
B. Diane J Drake

Mailing Address **Mutual of Omaha Plaza 05IFS Rptg &**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation Financial Analyst III
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A750DA3A19A9849A78B7

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

Full Name (Last, First, Middle Initial)
C. Michael J Homa

Mailing Address **Mutual of Omaha Plaza Spbank-Consu**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation Area President II
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ACB79C376F984436BB0F

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Jay A Vankat
Full Name (Last, First, Middle Initial)

Mailing Address **Mutual of Omaha Plaza 03LAW-CORPOR**
Serv

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Associate General Counsel III**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : ACA5BB88BE461420286D

Amount of Each Receipt this Period
120.00

Payroll Deduction: \$20.00/Monthly

B. Melanie S Rose
Full Name (Last, First, Middle Initial)

Mailing Address **Mutual of Omaha Plaza 10RPD Inc An**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Ret Plan Product Line Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : A4A029F5A5A1443F6AF5

Amount of Each Receipt this Period
120.00

Payroll Deduction: \$20.00/Monthly

C. Nancy A Cannon
Full Name (Last, First, Middle Initial)

Mailing Address **Mutual of Omaha Plaza 01EAP**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Mgr EAP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 10 / 2015

Transaction ID : AE4029698687943548BE

Amount of Each Receipt this Period
120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 70
<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Kellie R Harry

Mailing Address **Mutual of Omaha Plaza 03WASHINGTON Ofc**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Legislative Issues Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A168954AC92994A6BBDE

Amount of Each Receipt this Period **120.00**

Payroll Deduction: \$20.00/Monthly

Full Name (Last, First, Middle Initial)
B. Timothy P Ahlgren

Mailing Address **Mutual of Omaha Plaza 06MED Sup Un Sup 1**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Dir Med Supp New Business**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : AD98D05DE9F574BBEA21

Amount of Each Receipt this Period **120.00**

Payroll Deduction: \$20.00/Monthly

Full Name (Last, First, Middle Initial)
C. Peggy M Wagoner

Mailing Address **Mutual of Omaha Plaza 11PROFESSION Prac**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Sr Business Systems Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A8B287C9F200E471F9CA

Amount of Each Receipt this Period **120.00**

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **360.00**

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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Pamela J Hughes

Mailing Address **Mutual of Omaha Plaza 05IS Data In**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation Info Services Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A4F6650CFC2114A83A4D

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

Full Name (Last, First, Middle Initial)
B. David R Allen

Mailing Address **Mutual of Omaha Plaza 03CUST Conta Cont 2**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation Supv Policyowner Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A74EF48A10C924A04A4E

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

Full Name (Last, First, Middle Initial)
C. Albert J Palimenio

Mailing Address **Mutual of Omaha Plaza 02IS Informa**

City Omaha	State NE	Zip Code 68175-0001
----------------------	--------------------	-------------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Information Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : ADD9A3D73A9D54A17BA9

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Vicki L Mack
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 10RPD Inv Pr

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Instnl Invsmt Client Svcs
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A6BB0FEB478104396BC8

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Valerie L Fisher
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03CUST Conta

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Supv Policyowner Operations
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A7015C25CA004438FBB7

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Barbara L Hurst
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 06IFS Projec
Ofc

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Mgr Project Portfolio
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A822947D2C20C494CAF2

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Peggy S Beckman
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Devops

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Assoc Bus Systems Consultant
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AAAC6B8B3B9F34F78962

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Allison E Parks
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 04INVESTMENT

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Investment Asset Admin
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AEBA3BD84B9D8406E9E4

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Janis J Winterhof
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LITIGATION
Serv

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Associate General Counsel I
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AC0F1AC2564B54AA298D

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Shawn K Johnson
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plcorporate

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP Corporate Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A409613AC98A148BD983

Amount of Each Receipt this Period **120.00**

Payroll Deduction: \$20.00/Monthly

B. Anna M Messersmith
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05ENTERPRISE

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP Financial Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A6BAD91B769024073A9F

Amount of Each Receipt this Period **120.00**

Payroll Deduction: \$20.00/Monthly

C. Jeffrey A Poggensee
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Enterpr Ente 1

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Sr Tech Solution Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A86335EF04F2B445E942

Amount of Each Receipt this Period **120.00**

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **360.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Sharon K Dall
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 04INVESTMENT
 Acco
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Financial Analyst III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : ADE585F80C8504633AAF
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$20.00/Monthly

B. Mary K Maynard
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 09IFS Marcom
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Mktg Communications Coord
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : AEF6F622B61DD42B9A05
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$20.00/Monthly

C. Gerald P Mauro
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 06NEW Bus Lo
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Underwriting Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : ACBD9F50F4F0A4920A0E
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Shannon M Hite
Full Name (Last, First, Middle Initial)

Mailing Address Plaza 3POLICY Svcs & Cust Contact

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP Corporate Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : AE30E4E5C96494D029A1

Amount of Each Receipt this Period
 120.00

Payroll Deduction: \$20.00/Monthly

B. Nancy L Crawford
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 03LITIGATION Serv

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Associate General Counsel III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : A3B131039724D4D8097A

Amount of Each Receipt this Period
 120.00

Payroll Deduction: \$20.00/Monthly

C. Robert A Nicas
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 07DTC Analyt Anal

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation VP and Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : A11C6C085A42744CF9FD

Amount of Each Receipt this Period
 120.00

Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 70
<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Rafael Maldonado
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plstrategic

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Mgr Human Resources
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : A8B906A742CC54DA89E0

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$20.00/Monthly

B. Brenda S Watke
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Admin &

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation VP Information Services
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A30D959FE2F744C64A36

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

C. Thomas G Rumph
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Wm Tr

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Fiduciary Services
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A913AEDF614004C68A46

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

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 53 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Janet M Szafranski
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza Osbank-Treas
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Mgr Treasury Sales Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : A38509A227167443F806
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$20.00/Monthly

B. Joseph M Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 01IS Command
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Info Services Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : AE576F54B07B14BB099C
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$20.00/Monthly

C. Norman G Holthe
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 01IS Command
 Comm 2-3
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Command Center Team Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : AAA3CF58E4A58458090F
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

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

Mailing Address Mutual of Omaha Plaza 09GROUP Mark

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Marketing Communications
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AE61A8F92FB4849A28CE

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00/Monthly

B. Edward R Celaya
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Phoen

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Comm Real Estate Bnkr IV
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AB16407B12ADA4C469B0

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

C. Deven D Mohnsam
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Osbank-Phoen

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Mgr Comm Relationship Bnkg
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AEB7A88EDC4114720923

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. John R Schneider
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Enterpr

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Application Systems Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A72CB18B057A7487EBC3

Amount of Each Receipt this Period **102.00**

Payroll Deduction: \$17.00/Monthly

B. Andrew A Karavas
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Plsecurity -

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Supv Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : A4C8879B529804CA7AAE

Amount of Each Receipt this Period **102.00**

Payroll Deduction: \$17.00/Monthly

C. Rita K Miller
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05TREASURY

City Omaha State NE Zip Code 68175-0001

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

Name of Employer Mutual of Omaha Occupation Corporate Bank Services Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : AC3D7B2038A7C40DDBD6

Amount of Each Receipt this Period **102.00**

Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	306.00
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 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Kirby A Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 03CUST Conta
 Cont 4
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Supv Policyowner Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : A428715E709E347159BE
 Amount of Each Receipt this Period 102.00
 Payroll Deduction: \$17.00/Monthly

B. Mark R Boetel
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 05REINSURANC
 Serv
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Director Reinsurance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : A4DBC536483994E0B935
 Amount of Each Receipt this Period 102.00
 Payroll Deduction: \$17.00/Monthly

c. Mary L Bachle
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 02IS Gbs & C
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Business Systems Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : AD5A03F8408074BEE8D2
 Amount of Each Receipt this Period 102.00
 Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)
A. Leslie D Hagg

Mailing Address **Mutual of Omaha Plaza 03LAW Admini**
Admi

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Admin Crp Secy Office**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : AAD1175B697964D71918

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

Full Name (Last, First, Middle Initial)
B. Richard D Lane

Mailing Address **Mutual of Omaha Plaza 08CORPORATE**
Oper 1

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Business Planning Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : A5868140C4CD44153A2D

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

Full Name (Last, First, Middle Initial)
C. Irving C Tillman Jr

Mailing Address **Mutual of Omaha Plaza 09COMMUNICAT**

City **Omaha** State **NE** Zip Code **68175-0001**

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

Name of Employer **Mutual of Omaha** Occupation **Communications Project Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : A8A7039B4D9E5444F97E

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Mark S Kaipust
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 05BUDGET & E

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Budget & Expense
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
12 / 10 / 2015
Transaction ID : A8683BAC3D11E4A5D99A

Amount of Each Receipt this Period
102.00

Payroll Deduction: \$17.00/Monthly

B. Julie R Haner
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza L2IFS Strate

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Business Systems Consultant
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
12 / 10 / 2015
Transaction ID : AC6539D2231994B16AE1

Amount of Each Receipt this Period
102.00

Payroll Deduction: \$17.00/Monthly

C. Edward A Spencer
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 02IS Busines

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Application Systems Analyst
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
12 / 10 / 2015
Transaction ID : A767DE60C79FD4EC78F4

Amount of Each Receipt this Period
102.00

Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	306.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. Antoinette M Bac
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza 03IFS Prod P
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Project Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : A63BF22E975804D48B31
 Amount of Each Receipt this Period 102.00
 Payroll Deduction: \$17.00/Monthly

B. Robert J Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza Plcorporate
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation Dir Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : A11370986AD604A4E9F8
 Amount of Each Receipt this Period 102.00
 Payroll Deduction: \$17.00/Monthly

C. Peggy J Tarrell
 Full Name (Last, First, Middle Initial)
 Mailing Address Mutual of Omaha Plaza Plhuman Reso
 City Omaha State NE Zip Code 68175-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Omaha Occupation HR Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : A54010A26A79844B0B34
 Amount of Each Receipt this Period 102.00
 Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 70
	<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)
Mutual of Omaha Companies PAC (IMPAC)

A. David B Carroll
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza Spbank-Wm Fe

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Wealth Management Advisor III
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AA92B7BAF33EA4AB9A3F

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

B. Randall A Raszler
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza 11INVESTIGAT

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Dir Invest & Business Conduct
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AD0A97C6F6DE74E7FB43

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

C. Ronda K Allen
Full Name (Last, First, Middle Initial)

Mailing Address Mutual of Omaha Plaza L2IFS Prod P

City Omaha	State NE	Zip Code 68175-0001
---------------	-------------	------------------------

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

Name of Employer Mutual of Omaha	Occupation Sr Business Systems Analyst
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AC956B1CAC85405C86A

Amount of Each Receipt this Period

102.00

Payroll Deduction: \$17.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	38656.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City State Zip Code
Dublin OH 43017-8914

Purpose of Disbursement

Candidate Name
Sen. Rob J. Portman

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : **B5B98172EDE214477BE3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City State Zip Code
Dublin OH 43017-8914

Purpose of Disbursement

Candidate Name
Sen. Rob J. Portman

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : **B5764A7784350460B85C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City State Zip Code
WASHINGTON DC 20024

Purpose of Disbursement

Candidate Name
Rep. Scott H. Peters

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : **BE9928045E15F459FB58**

Amount of Each Disbursement this Period

500.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City State Zip Code
ELMHURST NY 11373

Purpose of Disbursement

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President

State: NY District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : **BDD802C05AC3047DEBBF**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address PO BOX 30265

City State Zip Code
LINCOLN NE 68503

Purpose of Disbursement

Candidate Name

Jeffrey Fortenberry

Office Sought: House
 Senate
 President

State: NE District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : **BA0B650F4D59E445DAAA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City State Zip Code
WASHINGTON DC 20024

Purpose of Disbursement

Candidate Name

Rep. Scott H. Peters

Office Sought: House
 Senate
 President

State: CA District: 52

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : **B273ABE19BAAF47D3BC1**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement

Candidate Name
Rep. Brad Ashford

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
12 / 04 / 2015

Transaction ID : B05C7CBD10C7543CF86B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389-2667

Purpose of Disbursement

Candidate Name
Rep. Kevin McCarthy

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : B68698F3F511B4BC3A67

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AHIP Pac

Mailing Address 601 Pennsylvania Ave NW
South Building Suite 500

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

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

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : B27D1A5F3939447428E1

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name
Rep. Richard E. Neal

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2015

Transaction ID : B26D6F93F516F493BB1A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598-0126

Purpose of Disbursement

Candidate Name
Rep. Charles W. Boustany Jr.

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	01	/	2015

Transaction ID : B32E7250BECE2491988F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROYCE CAMPAIGN COMMITTEE

Mailing Address PO BOX 3249

City FULLERTON State CA Zip Code 92834-3249

Purpose of Disbursement

Candidate Name
Rep. Ed R. Royce

Office Sought: House
 Senate
 President
State: CA District: 39

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2015

Transaction ID : B76DDF056B2684000B7F

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement

Candidate Name
Sen. Richard C. Shelby

Office Sought: House Senate President

State: AL District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : **B8D2CC042B91045219D7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement

Candidate Name
Sen. Michael F. Bennet

Office Sought: House Senate President

State: CO District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : **BAC2E1AF5D8FE4E28935**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement

Candidate Name
Rep. Brad Ashford

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : **BA26725E422C74D18B8C**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231-2098

Purpose of Disbursement

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : BA0E10D75322744FFBEB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEB FISCHER FOR US SENATE INC

Mailing Address 5555 SOUTH ST

City Lincoln State NE Zip Code 68506-2152

Purpose of Disbursement

Candidate Name

Debra S Fischer

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : B0693598EC5774AC98E1

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BRAD ASHFORD FOR CONGRESS

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement

Candidate Name

Rep. Brad Ashford

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			23			2015			

Transaction ID : B976F75319CB8420FBD4

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. PERLMUTTER FOR CONGRESS

Mailing Address 3440 YOUNGFIELD STREET
#264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement

Candidate Name
Edwin G Perlmutter

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	08	/	2015

Transaction ID : **BF4AB067A273C45BC8F6**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address PO BOX 30265

City LINCOLN State NE Zip Code 68503

Purpose of Disbursement

Candidate Name
Jeffrey Fortenberry

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2015

Transaction ID : **B37BADF2924D545EAB8A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address PO BOX 30265

City LINCOLN State NE Zip Code 68503

Purpose of Disbursement

Candidate Name
Jeffrey Fortenberry

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2015

Transaction ID : **B910361236F2F442AA69**

Amount of Each Disbursement this Period

2000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. ACLI PAC

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : BAB4DC314BE834CBDA9A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SASSE PAC

Mailing Address 499 S. Capitol St, SW
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : B8B68052F53B546E2A07

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. More Conservatives PAC

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : B132201C076294407B9E

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

36500.00

**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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. Joni Craighead for Legislature

Mailing Address 11421 Davenport

City Omaha State NE Zip Code 68154-2526

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	5

Transaction ID : BDE36BBE300D54D23B86

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Tommy Garrett for Legislature

Mailing Address 505 Cornhusker Road
Suite 105-392

City Bellevue State NE Zip Code 68005-7913

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	5

Transaction ID : B35470A9A449040F7955

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Kate Bolz for Legislature

Mailing Address 2816 Jameson N #1

City Lincoln State NE Zip Code 68516-5236

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : BE83CCC430E0B4B2A9A6

Amount of Each Disbursement this Period

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

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

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. LIPAC

Mailing Address 720 Brazos Street
Suite 1006

City Austin State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : B6A845A1AA393466A95C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LIPAC

Mailing Address 720 Brazos Street
Suite 1006

City Austin State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : BE0A81E354F9E4951939

Amount of Each Disbursement this Period

125.00

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 M / D D D / Y Y 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)..... ▶

1125.00

1875.00