

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mark Steven Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2013

Transaction ID : BD9BFA9BA55044321877

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LIBERTY PROJECT

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2013

Transaction ID : B8F2411B2FEB44BC29C5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Majority Committee Pac--Mc Pac

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	18	/	2013

Transaction ID : B5D09E371CE6140518E5

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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