



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="78506.16"/>	<input type="text" value="78506.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="113652.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="46251.69"/>	<input type="text" value="275665.25"/>
(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="159904.53"/>	<input type="text" value="354171.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="140811.17"/>	<input type="text" value="335078.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19093.36"/>	<input type="text" value="19093.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35982.26	183105.26
(ii) Unitemized .....	9837.14	74762.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45819.40	257868.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45819.40	274868.07
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).....	428.10	767.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.19	29.38
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))..... ▶	46251.69	275665.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46251.69	275665.25

**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 .....	311.17	1328.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	311.17	1328.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	140500.00	329000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements .....	0.00	3500.00
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)) ..	140811.17	335078.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140811.17	335078.05

**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) .....	45819.40	274868.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45819.40	273618.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	311.17	1328.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	428.10	767.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-116.93	560.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Ms. Cathy M. Adcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : A60223207EC70457A807**  
 Amount of Each Receipt this Period  
 85.00

**B. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : A4EE20206AD6F4864BA0**  
 Amount of Each Receipt this Period  
 30.00

**C. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A0977D57CB43643179A8**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt 06 / 01 / 2015  
**Transaction ID : A4114D4DE830742E1B5C**  
 Amount of Each Receipt this Period 20.00

**B. Mr. Thomas Alighieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 12 / 2015  
**Transaction ID : A7966746617004025900**  
 Amount of Each Receipt this Period 20.00

**C. Mr. Thomas Alighieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : A04016F65A9654A0D98C**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 104
	(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

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

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

**A. Mr. Neil Alldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : A892E639221134774AED**  
 Amount of Each Receipt this Period  
 40.00

**B. Ms. Diane Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : A646D500CEED249A98A4**  
 Amount of Each Receipt this Period  
 65.00

**C. Ms. Lisa M Ayotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP- Real Estate & Operational Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : AB85ADFB AEDC547F0A58**  
 Amount of Each Receipt this Period  
 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.00  
**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 104
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Michael D. Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : ACF6F69AC0B83454EB2C**

Amount of Each Receipt this Period  

300.00
--------

**B. Chris Belcher**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 618

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

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

Name of Employer Columbia Mutual Insurance Company	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : AD1D67647BDDE4006AC4**

Amount of Each Receipt this Period  

62.50
-------

**C. Mr. Walter Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2300 Garden Rd

City Monterey	State CA	Zip Code 93940
------------------	-------------	-------------------

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

Name of Employer California Capital Insurance Company	Occupation Vice President, Underwriting & Actuari
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **452.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A7612A1107BD346D3A90**

Amount of Each Receipt this Period  

200.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>312.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1404.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A04D513DA86174C8AAA8**  
 Amount of Each Receipt this Period  
 117.00

**B. Mr. John S. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1521.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : A256679EABC254B83956**  
 Amount of Each Receipt this Period  
 117.00

**C. Mr. Don W. Blackwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Market St Ste 1200  
 City Philadelphia State PA Zip Code 19103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Lumbermens Mutual Insurance Co Occupation Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2015  
**Transaction ID : AC40EC30B2A4A43D69EA**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	274.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 104
	(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

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

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

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

Mailing Address 2005 Market St  
Ste 1200

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 29 / 2015  
**Transaction ID : AB5709FEF5961439CB6A**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Clarence Boyle Sr.**

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014

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

Name of Employer Harford Mutual Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
06 / 05 / 2015  
**Transaction ID : AC22B178D990D4F0C958**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Mr. K. Douglas Briggs**

Mailing Address 57 Washington St

City Quincy State MA Zip Code 02169

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

Name of Employer Quincy Mutual Fire Insurance Company Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 03 / 2015  
**Transaction ID : A4D8358454C044BAE8E6**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ms. Ginny Caro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 06 / 11 / 2015  
**Transaction ID : AC38F11723D474A0FB07**  
 Amount of Each Receipt this Period 41.66

**B. Ms. Ginny Caro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt 06 / 29 / 2015  
**Transaction ID : AA7450E0C5AEF4E24A6D**  
 Amount of Each Receipt this Period 41.66

**C. Mr. Randall Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1070  
 City Galax State VA Zip Code 24333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grayson Carroll Wythe Mutual Insurance Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : AF3837EC2608D4CDBA3E**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 333.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : AB96AFCC638544CC2AE4**

Amount of Each Receipt this Period  
 90.00

**B. Mr. Steve H. Chevalier**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40

City Norwich	State CT	Zip Code 06360
-----------------	-------------	-------------------

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

Name of Employer New London County Mutual Insurance Com	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015

**Transaction ID : ACFBEB1BB723F47ADA16**

Amount of Each Receipt this Period  
 1300.00

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

Mailing Address PO Box 111

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : A1D0856EEF1034FA6956**

Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1429.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Mark Coe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company IT Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A40575F87D6E5414187F**  
 Amount of Each Receipt this Period  
 39.00

**B. Mr. Dan DeArment PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 646  
 City State Zip Code  
 Bedford PA 15522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Friends Cove Mutual Insurance Company President/CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A58AEF824974448C2B4C**  
 Amount of Each Receipt this Period  
 250.00

**c. Mr. David DeGeorge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City State Zip Code  
 Phoenix AZ 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CopperPoint Mutual Insurance Company Application Development Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 229.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : AB43855B2C363486F863**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	309.83
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. David DeGeorge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Application Development Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 29 / 2015  
**Transaction ID : A8B4F5D6ACF9E43959F5**  
 Amount of Each Receipt this Period 20.83

**B. Mr. Rick DeGraw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 06 / 11 / 2015  
**Transaction ID : A8F35EA453F594F4E829**  
 Amount of Each Receipt this Period 41.66

**C. Mr. Rick DeGraw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt 06 / 29 / 2015  
**Transaction ID : A6B05D25A1EF24A64A1D**  
 Amount of Each Receipt this Period 41.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.15  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Robert Detlefsen PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 521.76

Date of Receipt 06 / 12 / 2015  
**Transaction ID : AF7E2C16780AE4273A5A**  
 Amount of Each Receipt this Period 43.48

**B. Mr. Martin A. Dietrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2015  
**Transaction ID : A7BA6E4174F0A474EB34**  
 Amount of Each Receipt this Period 500.00

**C. Mr. Charles W. Drier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3337  
 City Peoria State IL Zip Code 61612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 04 / 2015  
**Transaction ID : A4ABFAF3947F34319A07**  
 Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 618.48  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.92

Date of Receipt 06 / 12 / 2015  
**Transaction ID : A18F83713F74144B1AFC**  
 Amount of Each Receipt this Period 96.16

**B. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : A2352645CAEE340948BC**  
 Amount of Each Receipt this Period 77.00

**c. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 19 / 2015  
**Transaction ID : A5BEB068A4FCB46BD88E**  
 Amount of Each Receipt this Period 77.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 104
	(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

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

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

**A. Mr. Gregory B. Ellingson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 1st Ave E  
 Ste E  
 City Kalispell State MT Zip Code 59901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Flathead Farm Mutual Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : A2AA121F26C0B4443915**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. David B. Emerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : AF1D5452A52A1436FB5E**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : A678EA9C772C74EE4942**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Michael L. Faron CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Division Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : ACD83514E1A82443F80F**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Michael L. Faron CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Division Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : A12B44A1AD8674A009AE**  
 Amount of Each Receipt this Period  
 40.00

**C. Ms. Gayle Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Assistant Vice President-Life Operatio  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : AF1E5A1350F9C4415B08**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Brad Fortner PFMM, FMDC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 W Poplar St  
 City Rogers State AR Zip Code 72756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Protective Mutual Insurance Co Occupation Chief Operations Officer/Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2695E63AECB64D069BD**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. George W. Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 High St  
 City Norwich State CT Zip Code 06360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation Vice President-Marketing & Commercial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A066E0681D96B437BBA3**  
 Amount of Each Receipt this Period  
 235.00

**C. Mr. Daniel Frost**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 N Johnson St  
 City Harvard State IL Zip Code 60033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dunham & Chemung Mutual Insurance Comp Occupation CEO/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A5467153FBE284193AE4**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	835.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 104
	(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

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

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

**A. Mr. Donald Fry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 05 / 2015**  
**Transaction ID : A24E878ED28E24B3EA67**  
Amount of Each Receipt this Period **100.00**

**B. Mr. Philip M. Fullenkamp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Insurance Sq  
City Celina State OH Zip Code 45822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Celina Mutual Insurance Company Occupation Senior Vice President - CFO and Treasu  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2015**  
**Transaction ID : AFD86BA741DF947D59C8**  
Amount of Each Receipt this Period **250.00**

**C. Mr. Benjamin Galloway**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 618  
City Columbia State MO Zip Code 65205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CRO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : A2127197D91FC4A649D1**  
Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **390.00**  
**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 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Randy Gerdes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.68

Date of Receipt 06 / 11 / 2015  
**Transaction ID : A1D374ED30B7D492AA9E**  
 Amount of Each Receipt this Period 20.88

**B. Mr. Randy Gerdes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.56

Date of Receipt 06 / 29 / 2015  
**Transaction ID : AA8F217234FB54CF7A92**  
 Amount of Each Receipt this Period 20.88

**C. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 05 / 2015  
**Transaction ID : A962B93E7984A4E7FAA8**  
 Amount of Each Receipt this Period 38.47

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787

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

Name of Employer Occupation  
Frankenmuth Mutual Insurance Company Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : A3CEE6712EE7A48F5ABE**

Amount of Each Receipt this Period  
38.47

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company Senior Vice President & CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : A1A58FA94FD9247089BC**

Amount of Each Receipt this Period  
41.66

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company Senior Vice President & CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A99B4DE79D6FA4AA79CC**

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.79

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. John Goodin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.63

Date of Receipt 06 / 23 / 2015  
**Transaction ID : AAB6412A7F6E4EE28DA**  
 Amount of Each Receipt this Period 41.67

**B. Ms. Linda Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 17 / 2015  
**Transaction ID : AD69D0B4B8CDD4107AA0**  
 Amount of Each Receipt this Period 235.00

**C. Mr. Jimi Grande**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW Ste 540  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1363.68

Date of Receipt 06 / 12 / 2015  
**Transaction ID : A2C078AF0FF0A48C2BE9**  
 Amount of Each Receipt this Period 113.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 390.31  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 104
	(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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. E. Bulkeley Griswold</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : AA70F9B52273243AD948</b>
Mailing Address PO Box 40		Amount of Each Receipt this Period 390.00
City Norwich	State CT	Zip Code 06360
FEC ID number of contributing federal political committee. C		
Name of Employer New London County Mutual Insurance Com	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Grove</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : A5AB9B42078AE4CE4820</b>
Mailing Address PO Box 111		Amount of Each Receipt this Period 20.00
City Bucyrus	State OH	Zip Code 44820
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David Grove</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : ACDB3837AE1904F06AE7</b>
Mailing Address PO Box 111		Amount of Each Receipt this Period 20.00
City Bucyrus	State OH	Zip Code 44820
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : A6754B6B25F2046E68AC**

Amount of Each Receipt this Period  
40.00

**B. Mr. Ron D. Hallenbeck CPCU**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 712

City Des Moines State IA Zip Code 50306

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

Name of Employer Employers Mutual Casualty Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 03 / 2015  
**Transaction ID : AC6E638138141432B932**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125

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

Name of Employer Rockford Mutual Insurance Company Occupation Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
06 / 03 / 2015  
**Transaction ID : A18B8262AE0674588BF2**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Rich Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022

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

Name of Employer: Mutual of Enumclaw Insurance Company  
Occupation: Vice President, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt: 06 / 01 / 2015  
**Transaction ID : AACCCDD1D8317A42CF94E**

Amount of Each Receipt this Period: **77.00**

**B. Mr. Eugene T. Heaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411

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

Name of Employer: Preferred Mutual Insurance Company  
Occupation: Vice President of Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: 06 / 03 / 2015  
**Transaction ID : A74A513F60C864D689A5**

Amount of Each Receipt this Period: **45.00**

**C. Mr. Eugene T. Heaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411

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

Name of Employer: Preferred Mutual Insurance Company  
Occupation: Vice President of Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt: 06 / 29 / 2015  
**Transaction ID : A3F9B3EAA4E7C4E6ABC6**

Amount of Each Receipt this Period: **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **172.00**

**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 29 OF 104
	(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

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

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

**A. Mr. F. Timothy Hegarty Jr., CPCU**

Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St

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

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

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

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
06	/	01	/	2015

**Transaction ID : AF48FC34648CD45F2B77**

Amount of Each Receipt this Period  
45.00

**B. Mr. F. Timothy Hegarty Jr., CPCU**

Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : AB1E7F0E83DDC4788872**

Amount of Each Receipt this Period  
45.00

**c. Mr. F. Timothy Hegarty Jr., CPCU**

Full Name (Last, First, Middle Initial)  
Mailing Address 222 Ames St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : A5994B4FB95A24BB4BDC**

Amount of Each Receipt this Period  
45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. David G. Hendrix CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company CFO & Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A722AA260EFD34E0EA3B**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Mike Horvath CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company Vice President-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  
 06 / 03 / 2015  
**Transaction ID : AF891A6D61B664257830**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Mike Horvath CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company Vice President-Human Resources  
 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  
 06 / 17 / 2015  
**Transaction ID : A45C22292C2E646ECB10**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.00  
**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Timothy R. Hyle CPA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Vice President, Finance & Risk Managem

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
06	/	03	/	2015

**Transaction ID : A6813CAAED1CF4F8FBF5**

Amount of Each Receipt this Period  

50.00
-------

**B. Mr. Timothy R. Hyle CPA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Vice President, Finance & Risk Managem

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : A608E5535E8B846479DD**

Amount of Each Receipt this Period  

50.00
-------

**C. Ms. Janice Ingarra**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40

City	State	Zip Code
Norwich	CT	06360

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

Name of Employer	Occupation
New London County Mutual Insurance Com	Vice President Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : A8A2199B294CD4D4F8AC**

Amount of Each Receipt this Period  

235.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 104
	(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

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

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

**A. Ms. Judy S. Jackson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40

City Norwich State CT Zip Code 06360

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

Name of Employer New London County Mutual Insurance Com Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 17 / 2015**

**Transaction ID : A8DEE9EDF813F47E9B76**

Amount of Each Receipt this Period **390.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 03 / 2015**

**Transaction ID : A6E1E43C42D7F4698B5E**

Amount of Each Receipt this Period **20.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **06 / 17 / 2015**

**Transaction ID : A65B7F25A9F7C417E851**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **430.00**

**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 33 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dina L. Johnson**

Mailing Address PO Box 5626

City State Zip Code  
Rockford IL 61125

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

Name of Employer Occupation  
Rockford Mutual Insurance Company Assistant Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2B086E8A836F42CC8BF**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268

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

Name of Employer Occupation  
National Association of Mutual Insuran Director - State Affairs, Midwest Regi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : ADBF61DE4F183497586A**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : AB679D6480D7B4A30912**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 29 / 2015  
**Transaction ID : AE08D697CD5C64C35A7A**

Amount of Each Receipt this Period 41.67

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 04 / 2015  
**Transaction ID : A94FC6EC5915E445AAFA**

Amount of Each Receipt this Period 35.00

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.52

Date of Receipt 06 / 12 / 2015  
**Transaction ID : A97045E78075C45C4AB4**

Amount of Each Receipt this Period 45.46

**SUBTOTAL** of Receipts This Page (optional).....▶ 122.13

**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 35 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harford Mutual Insurance Company Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 291.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : A574D43FF6517487CB99**  
 Amount of Each Receipt this Period  
 41.67

**B. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City State Zip Code  
 Frankenmuth MI 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A3B049C3335E64467A83**  
 Amount of Each Receipt this Period  
 39.00

**C. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City State Zip Code  
 Frankenmuth MI 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : A0E2B780869A64A259DB**  
 Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 36 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820

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

Name of Employer Occupation  
 United Ohio Insurance Company Manager of Application

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : A962D8DB88E3D4273BFC**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820

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

Name of Employer Occupation  
 United Ohio Insurance Company Manager of Application

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A3A04F05318FD4287864**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Manager, Home Office Claims

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : AEED7E773364E21857**

Amount of Each Receipt this Period  
 45.00

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

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

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

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

FOR LINE NUMBER: PAGE 37 OF 104  
(check only one)

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

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

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

**A. Mr. Kraig T. Klopfenstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 06 / 04 / 2015  
Transaction ID : AC4B86EDCCFFE42D4AAI  
Amount of Each Receipt this Period 75.00

**B. Mr. Andrew Knudsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 456.00

Date of Receipt 06 / 05 / 2015  
Transaction ID : AD54EA60ACF5E49B79EA  
Amount of Each Receipt this Period 38.00

**C. Mr. Andrew Knudsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 494.00

Date of Receipt 06 / 19 / 2015  
Transaction ID : A9F60D7DF4BDF48A6888  
Amount of Each Receipt this Period 38.00

**SUBTOTAL** of Receipts This Page (optional)..... 151.00  
**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 38 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. George Kowalsky**

Mailing Address PO Box 40

City State Zip Code  
 Norwich CT 06360

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

Name of Employer Occupation  
 New London County Mutual Insurance Com Vice President & CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A4A8A4CE3F5124CDD974**

Amount of Each Receipt this Period  
 235.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sherrie Krockomberger**

Mailing Address PO Box 40

City State Zip Code  
 Norwich CT 06360

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

Name of Employer Occupation  
 New London County Mutual Insurance Com Controller

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A672C5747097F4AB792F**

Amount of Each Receipt this Period  
 235.00

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

Mailing Address PO Box 396

City State Zip Code  
 Ellinwood KS 67526

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

Name of Employer Occupation  
 Farmers Mutual Insurance Company CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : A69F94847A2CA4085B76**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00

**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 39 OF 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. J. William Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St  
Ste 1200

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 29 / 2015  
**Transaction ID : A046941D3B69646DD843**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230

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

Name of Employer Mutual Assurance Society of Virginia Occupation Secretary-Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  
06 / 01 / 2015  
**Transaction ID : AC8D8656B8FC84B13A2C**

Amount of Each Receipt this Period  
41.66

**C. Mr. Joe R. Liddle**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1070

City Galax State VA Zip Code 24333

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

Name of Employer Grayson Carroll Wythe Mutual Insurance Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 01 / 2015  
**Transaction ID : AAB495BD6F7A04AB595B**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1291.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven D. Linkous**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014

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

Name of Employer Occupation  
Harford Mutual Insurance Company President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : ABBA79F973A3F4A399C6**

Amount of Each Receipt this Period  
208.33

Full Name (Last, First, Middle Initial)  
**B. Mr. Brian D. Lopata**

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411

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

Name of Employer Occupation  
Preferred Mutual Insurance Company SVP, Profit Center Operations & Custom

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  
 06 / 03 / 2015  
**Transaction ID : A805833A423C14BDF8B8**

Amount of Each Receipt this Period  
80.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Brian D. Lopata**

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411

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

Name of Employer Occupation  
Preferred Mutual Insurance Company SVP, Profit Center Operations & Custom

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A4FE6027F5F704044873**

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 368.33

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



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

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

FOR LINE NUMBER: PAGE 41 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Jeffrey Lopata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Manager - Commercial Lines E-Business  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : A7A595CFB21824DA3A91**  
 Amount of Each Receipt this Period  
 76.94

**B. Mr. Jeffrey Lopata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Manager - Commercial Lines E-Business  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : AB84CA93F286B486AA30**  
 Amount of Each Receipt this Period  
 76.94

**C. Mr. Tim Lynch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Assistant Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : A0018635174334ABCB7E**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.55  
**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. John F. Marazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St  
Ste 1200

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Vice President and Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 22 / 2015  
**Transaction ID : A50E786F3D5B142888E1**

Amount of Each Receipt this Period 40.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 04 / 2015  
**Transaction ID : A92209D73C782431DA24**

Amount of Each Receipt this Period 100.00

**C. Mrs. Stacey Matteson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Bragaw St  
Ste 100

City Anchorage State AK Zip Code 99508

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

Name of Employer Umialik Insurance Company Occupation Director of Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2015  
**Transaction ID : A5ECAB939BA0A4B1F9DA**

Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 43 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Phil McCain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A7C3F180A18244551B12**  
 Amount of Each Receipt this Period  
 38.47

**B. Mr. Phil McCain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : A1D31F3A82BDE4B73BA1**  
 Amount of Each Receipt this Period  
 38.47

**C. Mr. Robert McDorman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : AA2DF520683BE4870A70**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.94  
**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Sherry L. McKenzie AAM, AIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **06 / 04 / 2015**  
**Transaction ID : A1CA26212EA5F4F6EA7A**  
 Amount of Each Receipt this Period **75.00**

**B. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **462.00**

Date of Receipt **06 / 05 / 2015**  
**Transaction ID : AE3C1D20A9D8C49D7B85**  
 Amount of Each Receipt this Period **38.50**

**C. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.50**

Date of Receipt **06 / 19 / 2015**  
**Transaction ID : A740FB4DDC4E44B00A0A**  
 Amount of Each Receipt this Period **38.50**

**SUBTOTAL** of Receipts This Page (optional)..... **152.00**  
**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Mark McWethy CPA, CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Mutual Insurance Company Occupation Controller/CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2015  
**Transaction ID : AC3BF2732A89D4D07B15**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Albert Mezzanotte Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : ACAA510CD28734935946**  
 Amount of Each Receipt this Period 100.00

**C. Mr. Scott A. Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation AVP - Personal Lines Auto  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 04 / 2015  
**Transaction ID : A200ACCFAADE34BB58AE**  
 Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 645.00  
**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David Middleton</b>		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AEF3B3C1BA937496AA01</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Finance	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John C. Mitchell</b>		Date of Receipt
Mailing Address 1 Preferred Way		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
New Berlin	NY	13411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A5325B7B7E55B4DA6BB0</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Preferred Mutual Insurance Company	Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Dona L. Mohr</b>		Date of Receipt
Mailing Address 1725 Hopley Ave		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bucyrus	OH	44820
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AA6E897CE1E5C4600A3E</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Ohio Mutual Insurance Company	Assistant Vice President-Quality Servi	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="585.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="585.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 47 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 1725 Hopley Ave

City State Zip Code  
 Bucyrus OH 44820

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015

**Transaction ID : A2769A66F630D43BCB05**

Amount of Each Receipt this Period  
 45.00

Full Name (Last, First, Middle Initial)  
**B. Mr. William W. Montgomery**

Mailing Address 1 Insurance Sq

City State Zip Code  
 Celina OH 45822

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

Name of Employer Occupation  
 The Celina Mutual Insurance Company Chairman, President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : A66990A91C10745058DA**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A43E6FA576DD14BA5B11**

Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00

**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 06 / 01 / 2015  
**Transaction ID : ADE35B131D22443F3938**

Amount of Each Receipt this Period: 20.00

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 12 / 2015  
**Transaction ID : AC792AC261D624D33BEC**

Amount of Each Receipt this Period: 20.00

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

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 06 / 23 / 2015  
**Transaction ID : A6BA5AFBD7EC64693802**

Amount of Each Receipt this Period: 20.00

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

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



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

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

FOR LINE NUMBER: PAGE 49 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Brent Nelson**

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Chief Financial Officer & Executive Vi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **229.24**

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : AF15B2BAD9C7E44E0B8C**

Amount of Each Receipt this Period **20.84**

Full Name (Last, First, Middle Initial)  
**B. Mr. Brent Nelson**

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Chief Financial Officer & Executive Vi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt **06 / 29 / 2015**  
**Transaction ID : ADA4E15AA33FE4203886**

Amount of Each Receipt this Period **20.84**

Full Name (Last, First, Middle Initial)  
**C. Mr. Dennis Nelson**

Mailing Address PO Box 40

City Norwich State CT Zip Code 06360

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

Name of Employer New London County Mutual Insurance Com Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt **06 / 17 / 2015**  
**Transaction ID : AF4CFE98C250845F382E**

Amount of Each Receipt this Period **235.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **276.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Eric Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mutual of Enumclaw Insurance Company  
 Occupation: President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt: 06 / 01 / 2015  
**Transaction ID : A146B834E9B234FA7A7D**  
 Amount of Each Receipt this Period: **250.00**

**B. Duc Ngo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: New London County Mutual Insurance Com  
 Occupation: Assistant Vice President of IT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt: 06 / 17 / 2015  
**Transaction ID : AD88950B22E4549B48F4**  
 Amount of Each Receipt this Period: **275.00**

**C. Mr. Robert F. Ohler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Harford Mutual Insurance Company  
 Occupation: Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.33**

Date of Receipt: 06 / 23 / 2015  
**Transaction ID : AE89B50E326664FDC967**  
 Amount of Each Receipt this Period: **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **608.33**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Paul Otto**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Vice President, Financial Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
06 / 04 / 2015  
**Transaction ID : AB83FC0881E3444A0A9F**

Amount of Each Receipt this Period  
50.00

**B. Francis Pandolfi**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 40

City Norwich	State CT	Zip Code 06360
FEC ID number of contributing federal political committee. C		
Name of Employer New London County Mutual Insurance Com	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
06 / 17 / 2015  
**Transaction ID : A6928A0BFB7EB4485A34**

Amount of Each Receipt this Period  
400.00

**c. Ms. Sandra G. Parrillo CPCU**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6066

City Providence	State RI	Zip Code 02940
FEC ID number of contributing federal political committee. C		
Name of Employer Providence Mutual Fire Insurance Compa	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : A6697EEF60B5F4392808**

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. James Parylak**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40

City State Zip Code  
Norwich CT 06360

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

Name of Employer Occupation  
New London County Mutual Insurance Com Director

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  
06 / 17 / 2015

**Transaction ID : A108FCBE2D6024C4DA60**

Amount of Each Receipt this Period  
300.00

**B. Ms. Judith Patrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012

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

Name of Employer Occupation  
CopperPoint Mutual Insurance Company Chairman

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  
06 / 29 / 2015

**Transaction ID : AE26F36769B3442F7AD2**

Amount of Each Receipt this Period  
300.00

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909

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

Name of Employer Occupation  
Auto-Owners Insurance Company Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
349.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2015

**Transaction ID : A410BE082B33D4E558D8**

Amount of Each Receipt this Period  
58.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	658.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 54 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Robert T. Ramsdell CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City State Zip Code  
 Norwich CT 06360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New London County Mutual Insurance Com Chairman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A2289E54D77994C6B966**  
 Amount of Each Receipt this Period  
 390.00

**B. Mr. Jeff Reeves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1070  
 City State Zip Code  
 Galax VA 24333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Grayson Carroll Wythe Mutual Insurance CFO & Director of Human Resources  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : A6930946584184B94871**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Rip Reeves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Meadowlands Plz  
 City State Zip Code  
 East Rutherford NJ 07073-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AEGIS Insurance Services CIO/Treasurer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : AF202AFC943BA493DB07**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 890.00  
**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 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Janey Repensek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Trustee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : A882ECFDD5E244F60B57**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Jonathan R. Riekse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Personal Lines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : A14374805218E4FE8A8E**  
 Amount of Each Receipt this Period  
 83.33

**C. Mr. Jeff Rink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President of Marketing and Busine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : A737A92BC6D334F389BB**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ms. Robin Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5555  
 City Meridian State ID Zip Code 83680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Heritage Property & Casualty Co  
 Occupation Vice President, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : A8EF2176C69594224897**  
 Amount of Each Receipt this Period  
 250.00

**B. Spencer M. Roman ACAS, MAAA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 Maple Ave  
 City Harleysville State PA Zip Code 19438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harleysville Mutual Insurance Company  
 Occupation Executive Vice President , Field Opera  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A3A3CF91AE73E4A13BB3**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Thomas R. Ruane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4620  
 City Ithaca State NY Zip Code 14852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Security Mutual Insurance Company  
 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : A0DB977E6D4104A47AA0**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Commercial Unde  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : AE0991075E5EF4933BA4**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. James C. Schumacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : AEB431B97C0874E6F8C8**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. Stephen Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : AF9E28DF1A27A44C5B35**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Kurt H. Seelbach CPA, CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 Eisenhower Rd  
 City Leavenworth State KS Zip Code 66048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Armed Forces Insurance Exchange Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 16 / 2015**  
**Transaction ID : AF91C843482B74DC4A7F**  
 Amount of Each Receipt this Period **250.00**

**B. Mr. Paul Sells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Market St Ste 1200  
 City Philadelphia State PA Zip Code 19103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Compensation Supervisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **298.00**

Date of Receipt **06 / 22 / 2015**  
**Transaction ID : A7076A472D2A8494BB87**  
 Amount of Each Receipt this Period **190.00**

**c. Ms. Phyllis Senseman LUTCF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **229.24**

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : A210C6EA32F94498D8D7**  
 Amount of Each Receipt this Period **20.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>460.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Phyllis Senseman LUTCF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 29 / 2015  
**Transaction ID : AC6E9F96B263A49E9A44**  
 Amount of Each Receipt this Period 20.84

**B. Mr. Kent B. Shantz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Mutual Insurance Company Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 03 / 2015  
**Transaction ID : A089840A2E95340C7B5B**  
 Amount of Each Receipt this Period 77.00

**C. Mr. Martin Shapiro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 17 / 2015  
**Transaction ID : A2398860149F04983B5D**  
 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 497.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 104
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Mike Sherman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

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

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

Name of Employer Mutual of Enumclaw Insurance Company	Occupation Trustee
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : AEAD83B7A6C624CCC9D/**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Robert Shoenfelt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Insurance Sq

City Celina	State OH	Zip Code 45822
----------------	-------------	-------------------

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

Name of Employer The Celina Mutual Insurance Company	Occupation Senior Vice President, CIO & Marketing
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : AB8AC106751BA4EB4952**

Amount of Each Receipt this Period  
250.00

**C. Mr. Steven C. Sliver CPA**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 577

City Huntingdon	State PA	Zip Code 16652
--------------------	-------------	-------------------

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

Name of Employer Mutual Benefit Insurance Company	Occupation CEO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : A227D1A2C48A64618967**

Amount of Each Receipt this Period  
625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Donald A. Smith Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 06 / 11 / 2015  
**Transaction ID : A348AD3F2A82D42FC9C5**  
 Amount of Each Receipt this Period 105.00

**B. Mr. Donald A. Smith Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 29 / 2015  
**Transaction ID : A33CD81DFE74340EB8A9**  
 Amount of Each Receipt this Period 105.00

**C. Ms. Abigail Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : ACD0F4861B10945A0A93**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Ms. Irica Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001

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

Name of Employer National Association of Mutual Insuran Occupation Vice President of Federal and Politica

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
545.52

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : A367AE50D57A74D49B79**

Amount of Each Receipt this Period  
45.46

**B. Mr. Steven C. Speicher**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 04 / 2015  
**Transaction ID : A66A455A69F95491A967**

Amount of Each Receipt this Period  
50.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : A79F42BEFD3434EB5934**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.46

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

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

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

FOR LINE NUMBER: PAGE 63 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. William R. Stapleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Insurance Sq  
 City State Zip Code  
 Celina OH 45822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Celina Mutual Insurance Company Senior Vice President - COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : AB8232F8BDD2F4C34AAE**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Daniel Stedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Vice President, Commercial Lines Profi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 727.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : AC608E87666424F1791E**  
 Amount of Each Receipt this Period  
 535.00

**C. Mr. Daniel Stedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Vice President, Commercial Lines Profi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 746.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : A0281099B5EF84C96BDB**  
 Amount of Each Receipt this Period  
 19.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 804.25  
**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 64 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Douglas E. Steele CIC, PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1115 Weed Ln  
 City Vincennes State IN Zip Code 47591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Home Insurance Company of Knox Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2015  
**Transaction ID : A3688D14F82BE461D8C3**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Robert H. Steele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 17 / 2015  
**Transaction ID : AED2DD06EBA0341E5870**  
 Amount of Each Receipt this Period 390.00

**C. Mr. Paul O. Stillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Vice Chairman of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AAFBBAB95BC374406914**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1390.00  
**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 65 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Robert G. Street AIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City State Zip Code  
 Dedham MA 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division 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  
 06 / 01 / 2015  
**Transaction ID : AE1A416A21A9E4C2FAEB**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Robert G. Street AIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City State Zip Code  
 Dedham MA 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : A830BC5522B934258A14**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Robert G. Street AIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City State Zip Code  
 Dedham MA 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance NE Casualty Claims Division Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : A166D9C3B00634563A48**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Tim F. Sullivan RPLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 06 / 12 / 2015  
**Transaction ID : ADFCC1CA4FC524305938**  
 Amount of Each Receipt this Period 96.15

**B. Mr. Terry Suttner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Membership/Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 12 / 2015  
**Transaction ID : A0DF61F1A2C1245798B6**  
 Amount of Each Receipt this Period 40.00

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

Date of Receipt 06 / 04 / 2015  
**Transaction ID : A3EBCC7A617D64F01BF6**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.15  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 67 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268

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

Name of Employer Occupation  
 National Association of Mutual Insuran State & Policy Affairs Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : A0EDE224845F7458596D**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A1C2A659C0D184BAD860**

Amount of Each Receipt this Period  
 75.00

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

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : A00301C66F861446AA44**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Bruce D. Thomas PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511
----------------	-------------	-------------------

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

Name of Employer Heartland Mutual Insurance Association	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : A229CE600C50C48CC907**

Amount of Each Receipt this Period  
 150.00

**B. Mr. Bruce D. Thomas PFMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511
----------------	-------------	-------------------

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

Name of Employer Heartland Mutual Insurance Association	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A123EAA05F8B74319B08**

Amount of Each Receipt this Period  
 200.00

**c. Mr. Gary W. Thompson CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618

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

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

Name of Employer Columbia Mutual Insurance Company	Occupation President/CEO
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : ABC81273A1B574CCA847**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : A1A20ADEFB4464E5BA57**  
 Amount of Each Receipt this Period  
 39.00

**B. Mr. Randall Trinklein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : A03395FACDDAF4705A3D**  
 Amount of Each Receipt this Period  
 39.00

**C. Mr. Aaron J. Valentine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : ADDED05AAE874484FABF**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 158.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Aaron J. Valentine**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411

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

Name of Employer Occupation  
 Preferred Mutual Insurance Company Senior Vice President, Treasurer & CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A6383C007DB4B4122BEA**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert A. Wadsworth CIC, CPCU**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411

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

Name of Employer Occupation  
 Preferred Mutual Insurance Company Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : ABA81B8AC1AD14AB6A68**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James J. Walsh Jr.**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A6B1726ECBC2D40139D8**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 104
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Ian R. Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Investments and
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : A5AA3973B9AA94ECE8C9**

Amount of Each Receipt this Period  

70.00
-------

**B. Mr. Mick Ware**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5555

City Meridian	State ID	Zip Code 83680
------------------	-------------	-------------------

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

Name of Employer United Heritage Property & Casualty Co	Occupation President & CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : ABFFE85FF18FF42B0AEF**

Amount of Each Receipt this Period  

200.00
--------

**C. Mr. David P. Weaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 84

City Marble	State PA	Zip Code 16334
----------------	-------------	-------------------

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

Name of Employer Farmers Mutual Fire Insurance Company	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : A08CB533848614C3FA1D**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>520.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Mark Wenger**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation Assistant Vice President and Chief P&C
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : A095CD841B0324A6DAE1**

Amount of Each Receipt this Period  

84.00
-------

**B. Mr. Michael Wenos CPCU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ct

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

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

Name of Employer Madison Mutual Insurance Company	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A96AEE30E8BFE48A9A63**

Amount of Each Receipt this Period  

500.00
--------

**C. Mr. Noel A. Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St

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

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

Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Underwriting
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.13**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : A57F5563079A8470D9CB**

Amount of Each Receipt this Period  

20.83
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>604.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President of Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 29 / 2015  
**Transaction ID : A1493E5D76CCC4135AF7**

Amount of Each Receipt this Period 20.83

**B. Mr. David F. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1070

City Galax State VA Zip Code 24333

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

Name of Employer Grayson Carroll Wythe Mutual Insurance Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : A7F4E2C50A4F84844B11**

Amount of Each Receipt this Period 250.00

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 06 / 11 / 2015  
**Transaction ID : ADD09302F280C4452AF4**

Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012

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

Name of Employer CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 29 / 2015  
**Transaction ID : ADE2BC63B70F4483296F**

Amount of Each Receipt this Period 21.00

**B. Mr. William Woodbury**  
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapi Blvd

City Lansing State MI Zip Code 48917

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

Name of Employer Auto-Owners Insurance Company Occupation SVP, Secretary & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.02

Date of Receipt 06 / 04 / 2015  
**Transaction ID : AA75B75A3BCD8426AA94**

Amount of Each Receipt this Period 91.67

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

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.66

Date of Receipt 06 / 01 / 2015  
**Transaction ID : A77A7CE71C7A448C6934**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 162.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 104
	(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

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

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

**A. Mr. Don Yewell**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5626

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

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

Name of Employer Rockford Mutual Insurance Company	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : A0CB8CB79B1244DEF8F9**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Robert M. Zak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 250 Main St

City Buffalo	State NY	Zip Code 14202
-----------------	-------------	-------------------

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

Name of Employer Merchants Mutual Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : A07A609DA3A3D40A7B7A**

Amount of Each Receipt this Period  
2600.00

**C. Mr. Robert M. Zak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 250 Main St

City Buffalo	State NY	Zip Code 14202
-----------------	-------------	-------------------

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

Name of Employer Merchants Mutual Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : A5738B786D5C84BDB927**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 104  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jerry G. Zenke PFMM**

Mailing Address PO Box 708

City Houston State MN Zip Code 55943

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

Name of Employer Mound Prairie Mutual Insurance Company Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : A4751E79AEAC4487189D**

Amount of Each Receipt this Period  
1150.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35982.26

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

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

FOR LINE NUMBER: PAGE 77 OF 104  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A. NAMIC Administrative Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 767.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : A8AF5FBA45D684AA38F3**  
 Amount of Each Receipt this Period  
 428.10  
 Reimb. of bank fees

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	428.10
<b>TOTAL</b> This Period (last page this line number only).....▶	428.10

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

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

FOR LINE NUMBER: PAGE 78 OF 104  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Full Name (Last, First, Middle Initial)  
**A. Chase Bank**  
 Mailing Address 8751 Michigan Rd  
 City State Zip Code  
 Indianapolis IN 46268-3141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 29.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A55EAB227F3AF45948E2**  
 Amount of Each Receipt this Period  
 0.07  
 Bank Interest

Full Name (Last, First, Middle Initial)  
**B. Chase Bank**  
 Mailing Address 8751 Michigan Rd  
 City State Zip Code  
 Indianapolis IN 46268-3141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 29.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A65F9752EF4914C70BF5**  
 Amount of Each Receipt this Period  
 4.12  
 Bank Interest

Full Name (Last, First, Middle Initial)  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4.19
<b>TOTAL</b> This Period (last page this line number only).....▶	4.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : **BB87188A7819A42DF89D**

Amount of Each Disbursement this Period

0.81

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

Transaction ID : **BACE0DBC963394AF7828**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

Transaction ID : **B8E0C6A6327C64F089A0**

Amount of Each Disbursement this Period

1.63

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

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

10.39

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : BC3DC7BEEBE1A4373A69**

Amount of Each Disbursement this Period

20.31

Category/Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : BBDCC73B344BE4B10A9E**

Amount of Each Disbursement this Period

16.25

Category/Type

Full Name (Last, First, Middle Initial)

**C. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2015

**Transaction ID : B6755B2C4A7564C6F8C6**

Amount of Each Disbursement this Period

116.25

Category/Type

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

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

152.81



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

**Transaction ID : B15C5EDBCF5F146E4BCC**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : BC43249B7A23649BEB51**

Amount of Each Disbursement this Period

107.97

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

147.97

311.17

**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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith for Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Adrian M. Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B75D5110C4C5A480A8F5**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Andre Carson for Congress**

Mailing Address PO Box 1863

City State Zip Code  
Indianapolis IN 46206

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Andre D. Carson**

Office Sought:  House  
 Senate  
 President  
State: IN District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B6680D3C5F1584BA796D**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. ANDY BARR FOR CONGRESS, INC.**

Mailing Address PO BOX 2059

City State Zip Code  
LEXINGTON KY 40588

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Andy Barr IV**

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B460A239C7B374924A78**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

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

4	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Ann L. Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : BDE74A1B2EFB24A77A3B**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. AUSTIN SCOTT FOR CONGRESS INC**

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Austin Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BBEBF8EC29B46427AB2A**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress**

Mailing Address PO BOX 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Dan J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B5A905A1E507041458B2**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0
6	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Sen. Michael F. Bennet**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CO District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : **B1F54791320094D95B9D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CARLOS CURBELO CONGRESS**

Mailing Address 8770 SW 72ND ST

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Carlos L. Curbelo**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : **BE3F808A448584DCCB2C**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. CARLOS CURBELO CONGRESS**

Mailing Address 8770 SW 72ND ST

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Carlos L. Curbelo**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : **B52911964C7A14A42BDF**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. COMSTOCK FOR CONGRESS**

Mailing Address PO BOX 831

City Richmond State VA Zip Code 23218-0831

Purpose of Disbursement  
Political Contribution

Candidate Name

**Barbara J Comstock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : B0E8F8C5AF7B741D8982

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. COMSTOCK FOR CONGRESS**

Mailing Address PO BOX 831

City Richmond State VA Zip Code 23218-0831

Purpose of Disbursement  
Political Contribution

Candidate Name

**Barbara J Comstock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : B75981B8403FD4E2D9A1

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. CRESENT HARDY FOR CONGRESS**

Mailing Address PO BOX 753941

City Las Vegas State NV Zip Code 89136-3941

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Cresent L. Hardy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : BA3C2C66427F54768B6C

Amount of Each Disbursement this Period

2000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CRESENT HARDY FOR CONGRESS**

Mailing Address PO BOX 753941

City Las Vegas State NV Zip Code 89136-3941

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Cresent L. Hardy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BEF5FDBDE2C124012AA7**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. David Scott for Congress**

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. David A. Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BBA3CF4BDEF9E41C4B36**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Defend America Pac**

Mailing Address PO Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B57AC316BC9B64965AFB**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0

0	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR., #150

City Sacramento State CA Zip Code 95833-4131

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jeff Denham**

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : BDD10CB502795482B995**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Diane L. Black**

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : BC2A94BB8774842B890E**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address PO BOX 6312

City Libertyville State IL Zip Code 60048-6312

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Robert J. Dold Jr.**

Office Sought:  House  
 Senate  
 President  
State: IL District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : B296C26DB7A4B420991B**

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DONNELLY FOR INDIANA**

Mailing Address 1050 17TH ST NW  
STE 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Joe Donnelly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : BC7C3610EE1284EB4A68**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Sean P. Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : BFDD5F0D12D0B455B81E**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ELISE FOR CONGRESS**

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement  
Political Contribution

Candidate Name

**Elise M Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : BBCE3764F94764F87A5E**

Amount of Each Disbursement this Period

1000.00
---------

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

6000.00
---------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ELISE FOR CONGRESS**

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement  
Political Contribution

Candidate Name

**Elise M Stefanik**

Office Sought:  House  
 Senate  
 President  
State: NY District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B7A711C7E666F4DB285F**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FAMILIES FOR JAMES LANKFORD**

Mailing Address PO BOX 1639

City Bethany State OK Zip Code 73008-1639

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. James P. Lankford**

Office Sought:  House  
 Senate  
 President  
State: OK District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BDD3DAE1C5379411A84D**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHERI BUSTOS**

Mailing Address 1050 17TH ST NW  
STE 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Cheri L. Bustos**

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B9591BBB30A734E008D4**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DENNIS ROSS**

Mailing Address 133 SOUTH HARBOR DRIVE

City Venice State FL Zip Code 34285-2214

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : B3E605B54B546462E928**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. John A. Boehner**

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : BEABA0F4A387243498DC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MIA LOVE**

Mailing Address PO BOX 255

City Riverton State UT Zip Code 84065-0255

Purpose of Disbursement  
Political Contribution

Candidate Name

**Mia Love**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : B4266E3910AD546A6BC0**

Amount of Each Disbursement this Period

3500.00

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MIA LOVE**

Mailing Address PO BOX 255

City Riverton State UT Zip Code 84065-0255

Purpose of Disbursement  
Political Contribution

Candidate Name

**Mia Love**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B7862C78E86AF46148FC**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MIA LOVE**

Mailing Address PO BOX 255

City Riverton State UT Zip Code 84065-0255

Purpose of Disbursement  
Political Contribution

Candidate Name

**Mia Love**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B8004409CFC9B4D408C0**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Todd C. Young**

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BF3ED73F09500441B980**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Graves for Congress**

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Sam B. Graves Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B6F993380D49F404EA10**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address PO BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Tom Graves Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : BBAE33DB7B9ED4124B71**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement  
Political Contribution

Candidate Name

**Heidi Heitkamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B0874496066364697BB8**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0

1	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement  
Political Contribution

Candidate Name

**Heidi Heitkamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : BACCB80A408242B9B21**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Huizenga for Congress**

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Bill P. Huizenga**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : BCDA3B9D4EB6B4E77A65**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. HURD FOR CONGRESS**

Mailing Address PO BOX 761029

City San Antonio State TX Zip Code 78245-6029

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Will Hurd**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : BF0301AACBCC64E2C973**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

7	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. HURD FOR CONGRESS**

Mailing Address PO BOX 761029

City San Antonio State TX Zip Code 78245-6029

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Will Hurd**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : B665CF8AD217849BAA50**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KATKO FOR CONGRESS**

Mailing Address PO BOX 133

City Camillus State NY Zip Code 13031-0133

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. John M. Katko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : B7AF89F4299834A6DA57**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Kristi for Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Kristi Lynn Noem**

Office Sought:  House  
 Senate  
 President  
State: SD District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : B375811368BCB4C54A31**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City State Zip Code  
Tempe AZ 85285-5879

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : B20903633FB994D82842**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LIBERTY PROJECT**

Mailing Address PO BOX 53866

City State Zip Code  
Lubbock TX 79453-3866

Purpose of Disbursement  
Political Contribution

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
06	/	11	/	2015

**Transaction ID : B7D3A0B4A93774EB6835**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LUKE MESSER FOR CONGRESS**

Mailing Address P.O. BOX 917

City State Zip Code  
Shelbyville IN 46176-0917

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Luke Messer**

Office Sought:  House  
 Senate  
 President  
State: IN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : BE52C970B81DC43B084A**

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)..... ▶

--

**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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Maloney for Congress**

Mailing Address 49 East 92nd St

City New York State NY Zip Code 10128-1326

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Carolyn B. Maloney**

Office Sought:  House  
 Senate  
 President  
State: NY District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : B2C1533DD8A114B3F858**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mario Diaz-Balart for Congress**

Mailing Address 8770 SW 72nd Street  
# 420

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mario Diaz-Balart**

Office Sought:  House  
 Senate  
 President  
State: FL District: 25

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : BA663B38F4F074AFF85D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARK POCAN FOR CONGRESS**

Mailing Address PO BOX 327

City Madison State WI Zip Code 53701-0327

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mark Pocan**

Office Sought:  House  
 Senate  
 President  
State: WI District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : B5A0C8A8E5387441D9E9**

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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. MCSALLY FOR CONGRESS**

Mailing Address PO BOX 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement  
Political Contribution

Candidate Name

**Martha E Mcsally**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B088CF72B984D44588B1**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. MCSALLY FOR CONGRESS**

Mailing Address PO BOX 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement  
Political Contribution

Candidate Name

**Martha E Mcsally**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BAB25AE4F7D1A4284B09**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. MIKE BISHOP FOR CONGRESS**

Mailing Address PO BOX 1148

City Brighton State MI Zip Code 48116-2748

Purpose of Disbursement  
Political Contribution

Candidate Name

**Michael D Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B35392E4DA8DA4916A95**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

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

4	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Bost for Congress**

Mailing Address PO BOX 1212

City Murphysboro State IL Zip Code 62966-1212

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mike Bost**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B89DDE3A89A9547C2BF0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. MORE CONSERVATIVES PAC (MCPAC)**

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B48ADAD56722041E8829**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. MULVANEY FOR CONGRESS**

Mailing Address P.O. BOX 1975

City Lancaster State SC Zip Code 29721-1975

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mick Mulvaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B7F3646C9A4C34FE5AF8**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

7	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. PITTENGER FOR CONGRESS LLC**

Mailing Address PO BOX 11207

City CHARLOTTE State NC Zip Code 28220-1207

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Robert M. Pittenger**

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : B840A0679BEF142FE96D**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Bruce L. Poliquin**

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B49A7C7E2C36147B6A3B**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Bruce L. Poliquin**

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : BC34E4B9951CF412A952**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0

3	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Rodney L. Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B77E3F766D217475EBD4**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Mailing Address P.O. BOX 91061

City AUSTIN State TX Zip Code 78709-1061

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Roger Williams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B4BA773F63B604AE9A59**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement  
Political Contribution

Candidate Name

**Ryan A Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : B7473EF1486CC4D9E87B**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	0	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 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Stephen L. Fincher**

Office Sought:  House  
 Senate  
 President  
State: TN District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : BF5A8F55507A646D9879**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Stephen L. Fincher**

Office Sought:  House  
 Senate  
 President  
State: TN District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : BB11D2442FF22446A91D**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Stephen L. Fincher**

Office Sought:  House  
 Senate  
 President  
State: TN District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : BE1E60E9C518440A6B53**

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

**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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. STEVE KNIGHT FOR CONGRESS**

Mailing Address PO BOX 984

City Willows State CA Zip Code 95988-0984

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Stephen T. Knight**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 25

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : **B8FDB37FAE87E4D8FBED**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Steve E. Stivers**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : **B2623EBFCE8F40A2859**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. The Freedom Project**

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: District: Other2015

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : **B83722A969CF34E26A1C**

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

**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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Tom Reed for Congress**

Mailing Address PO BOX 10847

City Rochester State NY Zip Code 14610-0847

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Tom W. Reed II**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

**Transaction ID : B6059B19FBB414322954**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. VALADAO FOR CONGRESS**

Mailing Address 5132 N PALM AVE  
#227

City Fresno State CA Zip Code 93704-2236

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. David G. Valadao**

Office Sought:  House  
 Senate  
 President  
State: CA District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

**Transaction ID : B9449535B6E7641BBB85**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. VIEW PAC**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City Washington State DC Zip Code 20001-3965

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

**Transaction ID : BAB38D0E7A5BB4A9ABF**

Amount of Each Disbursement this Period

5000.00
---------

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

11000.00
----------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City: Hood River State: OR Zip Code: 97031-0037

Purpose of Disbursement: Political Contribution

Candidate Name: **Rep. Greg P. Walden**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : BED3AF05C738A4569BD9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WALTERS FOR CONGRESS**

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City: IRVINE State: CA Zip Code: 92618

Purpose of Disbursement: Political Contribution

Candidate Name: **Mimi Walters**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : BDEB7593C09AF455DBF6**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. ZELDIN FOR CONGRESS**

Mailing Address 47 FLINTLOCK DRIVE

City: Shirley State: NY Zip Code: 11967-2758

Purpose of Disbursement: Political Contribution

Candidate Name: **Lee Michael Zeldin**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: NY District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : BDD70C6096ECF4778AE0**

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

140500.00