

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 / 01 / 2016 through 07 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Gregg A. Dykstra

Signature of Treasurer Mr. Gregg A. Dykstra [Electronically Filed] Date 08 / 19 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="94271.84"/>	<input type="text" value="94271.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24178.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44888.77"/>	<input type="text" value="342026.63"/>
(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="69067.51"/>	<input type="text" value="436298.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16216.79"/>	<input type="text" value="383447.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52850.72"/>	<input type="text" value="52850.72"/>
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)

Page 3

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31658.02	225797.51
(ii) Unitemized .....	5771.34	79162.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37429.36	304960.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	32000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	42429.36	336960.10
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).....	457.50	2042.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.91	1024.26
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))..... ▶	44888.77	342026.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44888.77	342026.63

**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 .....	216.79	2197.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	216.79	2197.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	367000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	14250.00
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)) ..	16216.79	383447.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16216.79	383447.75

**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) .....	42429.36	336960.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42429.36	336960.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	216.79	2197.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	457.50	2042.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-240.71	155.48

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Please note that the two memo entry receipt transactions on this report are intended to clarify the address and committee ID of a receipt dated 4/4/2016. The discrepancy resulted from both PACs using the same acronym. Please refer to Committee ID C00163873 and their 2016 Q1 report where they disclose their contribution to NAMIC on 3/25/16, image number #201604150300064805.

Form/Schedule:  
Transaction ID:

**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)

<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**

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

Name of Employer Occupation  
Auto-Owners Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2016

**Transaction ID : AFFB3FC63A5704368BAC**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ms. Cathy M. Adcock**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2016

**Transaction ID : AAB2EDC9A779F416BAD9**

Amount of Each Receipt this Period  
85.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Ms. Cathy M. Adcock**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2016

**Transaction ID : A8F0B68CE26B54F788E0**

Amount of Each Receipt this Period  
85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 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. Todd E. Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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 ▼  
430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : A4B5D84F82A9D47D3BA9**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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 ▼  
470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2016

**Transaction ID : A4930AA4A4E7C4E80BB2**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Mr. Bruce Albro**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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

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

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  
 07 / 01 / 2016

**Transaction ID : ACED318409F1547F28D6**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 9 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 Jim Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2502  
 City Fargo State ND Zip Code 58108-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **Nodak Mutual Insurance Company** Occupation: **Executive Vice President & CEO**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt: **07 / 05 / 2016**  
**Transaction ID : A87F07EC2897C4143A78**  
 Amount of Each Receipt this Period: **100.00**  
 Memo Item

**B. Mr. Thomas Alighieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **Norfolk & Dedham Mutual Fire Insurance** Occupation: **Treasurer**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **280.00**

Date of Receipt: **07 / 08 / 2016**  
**Transaction ID : A35F04FAE192E47578CE**  
 Amount of Each Receipt this Period: **20.00**  
 Memo Item

**C. Mr. Thomas Alighieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **Norfolk & Dedham Mutual Fire Insurance** Occupation: **Treasurer**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: **07 / 22 / 2016**  
**Transaction ID : A29FEF0A1B4C74A83A54**  
 Amount of Each Receipt this Period: **20.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>140.00</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 11 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. Richard Alleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director, Network Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : A59DC5098037C49ECBD7**

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3968

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A059D429D070A4256A6C**

Amount of Each Receipt this Period 70.00

Memo Item

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

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3968

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

Name of Employer Auto-Owners Insurance Company Occupation Vice President, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A9278CA7C6D5843F1B8C**

Amount of Each Receipt this Period 70.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00

**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"/> 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. Laura Grace Ashton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW  
 Ste 540  
 City Washington State DC Zip Code 20001-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation PAC Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 08 / 2016**  
**Transaction ID : AF33C2DA1AE7748F6A86**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**B. Ms. Laura Grace Ashton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW  
 Ste 540  
 City Washington State DC Zip Code 20001-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation PAC Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : ACBC41B9E840840FA93F**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**C. Mr. James P. Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franklin Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 19 / 2016**  
**Transaction ID : A4D2A3E5CEA27433E821**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**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: PAGE 13 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. Lisa M Ayotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 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 ▼  
 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : A48BF6E4726CD45BFBAF**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Ms. Lisa M Ayotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 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 ▼  
 336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2016  
**Transaction ID : A457A8016E54542D5A9E**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Mr. Michael D. Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Regional Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : A2C5A28278FA04455AE2**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 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 S. Benson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 1508.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : AB88349E2BEE4485CB38**

Amount of Each Receipt this Period 116.00

Memo Item

**B. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 1624.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A56D9B6E3C70046D3894**

Amount of Each Receipt this Period 116.00

Memo Item

**C. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 1740.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : AB29E65619ABA4F22902**

Amount of Each Receipt this Period 116.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 348.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 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. Jonathan Bergner**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016  
**Transaction ID : A7F9C987345454840A53**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mr. Jake Black**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 968

City Concordia State MO Zip Code 64020-0968

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

Name of Employer CFM Insurance, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016  
**Transaction ID : A5C6A45E8A4464DAE9A0**

Amount of Each Receipt this Period  
45.50

Memo Item

**C. Mr. Don W. Blackwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St  
Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Indiana Lumbermens Mutual Insurance Co Occupation Senior Vice President, Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016  
**Transaction ID : A4830D6094DFE4C3FBE9**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.50
<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 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. Stephen Buell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A53E68922DCA3442985D**

Amount of Each Receipt this Period 42.00

Memo Item

**B. Mr. Stephen Buell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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 ▼ 336.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A483A40637E124F4AAD5**

Amount of Each Receipt this Period 42.00

Memo Item

**C. Ms. Alice Cameron**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President Personal Lines Underwri

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2016  
**Transaction ID : AEE0DE8D6DD2A4265AF6**

Amount of Each Receipt this Period 125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 209.00

**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 18 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Jared Carlson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 N Wooster St  
City Algona State IA Zip Code 50511-2825  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heartland Mutual Insurance Association Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 18 / 2016**  
**Transaction ID : A0BFE86E59B7644A39BE**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Ms. Ginny Caro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St  
City Phoenix State AZ Zip Code 85012-3074  
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 **270.79**

Date of Receipt **07 / 11 / 2016**  
**Transaction ID : A8DC54E6939504CBF8B1**  
Amount of Each Receipt this Period **20.83**  
 Memo Item

**c. Ms. Ginny Caro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 N 3rd St  
City Phoenix State AZ Zip Code 85012-3074  
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 **291.62**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : A5F84865658E647ABAB6**  
Amount of Each Receipt this Period **20.83**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **91.66**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 19 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. Charles M. Chamness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 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 ▼ 1270.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : ABFCEB4197D1940DFB6E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Mr. Charles M. Chamness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 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 ▼ 1360.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : A1F90917EA0F44E5A888**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**c. Mr. Charles M. Chamness**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 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 ▼ 1450.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : A4BF2526EC16F43689B9**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**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 20 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**

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

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Lawyer
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : A0B8BC44972D640FF847**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. John Charamella**

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Lawyer
---	----------------------

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  
 07 / 28 / 2016

**Transaction ID : A7FC3B93431BC4B39991**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
-----------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : AEF61B1C405814C049BC**

Amount of Each Receipt this Period  
39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.00
<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**

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

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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 / D D / Y Y Y Y Y Y  
07 / 25 / 2016

**Transaction ID : AF89F3A4640EF4AAFB32**

Amount of Each Receipt this Period  
39.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : AE9E33833481F4C1981A**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Mr. Jeff Cole**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : AFC3932E5F53447379AA**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.00
<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 22 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. Ms. MaryAnn Deacon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franklin Mutual Group Occupation Spouse of Director  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2016  
**Transaction ID : A7D8004311DAC4DF48AC**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Mr. Philip Deacon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franklin Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2016  
**Transaction ID : A70F4EC8AAD2047C99E1**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**c. Mr. Anthony O. Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : A99D43E7AA6144A49963**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<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 23 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. Anthony O. Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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 410.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : ACE535C76A61B4115A05**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Mr. Dan DeArment**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 646  
 City Bedford State PA Zip Code 15522-0646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Friends Cove Mutual Insurance Company Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2450.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : AC4CBB1B36B2C4972BD8**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**c. Mr. Joseph DeChatelets**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1265.94

Date of Receipt 07 / 05 / 2016  
**Transaction ID : ADA102258B62D46C7A3C**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	578.34
<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 24 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. Dan DeLamater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7009  
 City Athens State GA Zip Code 30604-7009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Mutual Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A85045EC363D54EB0870**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mr. Robert Detlefsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 608.72

Date of Receipt 07 / 08 / 2016  
**Transaction ID : A43FBC511E758441490C**  
 Amount of Each Receipt this Period 43.48  
 Memo Item

**C. Mr. Robert Detlefsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 652.20

Date of Receipt 07 / 22 / 2016  
**Transaction ID : A16C10E5C96AC4A15AB4**  
 Amount of Each Receipt this Period 43.48  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	336.96
<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 25 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 W. Drier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3337  
 City Peoria State IL Zip Code 61612-3337  
 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 ▼ 583.31

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A667D7A90B3644F76B0A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Mr. Charles W. Drier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3337  
 City Peoria State IL Zip Code 61612-3337  
 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 ▼ 666.64

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A3BEFD2B66C4E4A438E9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Mr. Gregg A. Dykstra**  
 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 National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.24

Date of Receipt 07 / 08 / 2016  
**Transaction ID : A34C2331BEC974500AC0**  
 Amount of Each Receipt this Period 96.16  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 262.82  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 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. Gregg A. Dykstra**  
 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 National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1442.40**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : AB8FBCA8EA7C54712ABC**  
 Amount of Each Receipt this Period **96.16**  
 Memo Item

**B. Mr. Fred A. Edmond Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 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 **07 / 01 / 2016**  
**Transaction ID : A998569889BDA4101B59**  
 Amount of Each Receipt this Period **77.00**  
 Memo Item

**C. Mr. Fred A. Edmond Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1078.00**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : AE4157FF8455C455BB7C**  
 Amount of Each Receipt this Period **77.00**  
 Memo Item

**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: (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. Fred A. Edmond Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : A575894739EF54F629FC**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Mr. Andrew M. Eriksen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A489B5A255B964EB0BB0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Mr. Andrew M. Eriksen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A9A2168D88F0641058A8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	277.00
<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 28 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. Keith Escue**

Mailing Address 703 W Poplar St

City State Zip Code  
 Rogers AR 72756-4443

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

Name of Employer Occupation  
 Farmers Protective Mutual Insurance Co Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2016

**Transaction ID : A5F09006938614DFDB74**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 200 N Main St

City State Zip Code  
 Bel Air MD 21014-3554

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2016

**Transaction ID : A8AF1C8DA4BD54728878**

Amount of Each Receipt this Period  
 83.34

Memo Item

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

Mailing Address 222 Ames St

City State Zip Code  
 Dedham MA 02026-1850

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

Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Business Unit Leader

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2016

**Transaction ID : A77C76374064F43598C1**

Amount of Each Receipt this Period  
 40.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 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**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Commercial Lines Business Unit Leader  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 07 / 22 / 2016  
**Transaction ID : AF0206523F57A43A68D6**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Mr. Bernard Fechtcl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Columbia Mutual Insurance Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 07 / 01 / 2016  
**Transaction ID : AA3FBC04B63A14BC781C**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**c. Ms. Gayle Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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 ▼  
 595.00

Date of Receipt  
 07 / 01 / 2016  
**Transaction ID : A422C6139CE0445F7838**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<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)

<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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Gayle Fisher**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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 ▼  
680.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2016

**Transaction ID : A3F7EE36004E04897A8B**

Amount of Each Receipt this Period  
85.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Andrew Forstenzer**

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411-1800

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

Name of Employer Occupation  
Preferred Mutual Insurance Company General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2016

**Transaction ID : AD6E7207E9FCD452DAC5**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Brad Fortner**

Mailing Address 703 W Poplar St

City State Zip Code  
Rogers AR 72756-4443

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

Name of Employer Occupation  
Farmers Protective Mutual Insurance Co Chief Operations Officer/Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2016

**Transaction ID : A62A4D9B3D88E46E091C**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00

**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. Rusty Frisinger**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1050

City Fayetteville State AR Zip Code 72702-1050

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

Name of Employer Washington County Farmers Mutual Fire Occupation General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A2AABE6B9F1FA4AB7B7:**

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 306 N Johnson St

City Harvard State IL Zip Code 60033-2903

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 07 / 05 / 2016  
**Transaction ID : A18020CEBD08A46AA8CB**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Ms. Monica Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 560127

City Charlotte State NC Zip Code 28256-0127

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 ▼ 300.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : ADE2995737EEF4A438C9**

Amount of Each Receipt this Period 300.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 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. Randy Gerdes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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 ▼  
270.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

**Transaction ID : AFEBA66806F85461D9B4**

Amount of Each Receipt this Period  
20.83

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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 ▼  
291.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : A00929BC790FA4CDE84B**

Amount of Each Receipt this Period  
20.83

Memo Item

**C. Mr. Robert Gerding**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : AD583BDEE31B14595A06**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.66
<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: (check only one)	PAGE 33 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. Gina Gervino**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia Mutual Insurance Company	Occupation Vice President/Secretary & General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016  
**Transaction ID : A99BD371298924FE3B2E**

Amount of Each Receipt this Period  
478.00

Memo Item

**B. Mr. Bryan Gilleland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016  
**Transaction ID : A327670E5732E4516897**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Mr. Bryan Gilleland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.58	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016  
**Transaction ID : AB926D88B95CF441C9F2**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	554.94
<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 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. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 29 / 2016  
**Transaction ID : A11F39A80C81E47DF953**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Ms. Yvette Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt 07 / 11 / 2016  
**Transaction ID : AF4C41AEDF0E2418C9F8**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Ms. Yvette Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 22 / 2016  
**Transaction ID : AEAD578BC53254C2B918**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.81
<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 35 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**

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

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3554

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  
07 / 28 / 2016  
**Transaction ID : AD0FC EE2CBBC947D387E**

Amount of Each Receipt this Period  
41.66

Memo Item

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

Mailing Address 122 C St NW Ste 540

City State Zip Code  
Washington DC 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1590.96

Date of Receipt  
07 / 08 / 2016  
**Transaction ID : AEF EF1C0A6774A429E1**

Amount of Each Receipt this Period  
113.64

Memo Item

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

Mailing Address 122 C St NW Ste 540

City State Zip Code  
Washington DC 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1704.60

Date of Receipt  
07 / 22 / 2016  
**Transaction ID : A92A2CA0CFD844DAF9CB**

Amount of Each Receipt this Period  
113.64

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 268.94

**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 36 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. Jeffrey Greenwald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Columbia Mutual Insurance Company Occupation: Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 01 / 2016  
**Transaction ID : AF4039BB4EB9C436F89A**  
 Amount of Each Receipt this Period: 1000.00  
 Memo Item

**B. Mr. David Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Ohio Mutual Insurance Company Occupation: Vice President, Product Management  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 260.00

Date of Receipt: 07 / 12 / 2016  
**Transaction ID : AE89EDAD3C39247E8987**  
 Amount of Each Receipt this Period: 20.00  
 Memo Item

**c. Mr. David Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Ohio Mutual Insurance Company Occupation: Vice President, Product Management  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 280.00

Date of Receipt: 07 / 25 / 2016  
**Transaction ID : A3CE1D0FCEB614A83806**  
 Amount of Each Receipt this Period: 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<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 37 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. Clarence Guinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 489  
City Rogers State AR Zip Code 72757-0489  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Farmers Protective Mutual Insurance Co Occupation Treasurer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1300.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : A895AB62ED6A04BC19FC**  
Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Mr. John Hair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540  
City Washington State DC Zip Code 20001-2102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **560.00**

Date of Receipt **07 / 08 / 2016**  
**Transaction ID : A81CDF75C72BA4FBB84F**  
Amount of Each Receipt this Period **40.00**  
 Memo Item

**C. Mr. John Hair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540  
City Washington State DC Zip Code 20001-2102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Federal Affairs Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : A89AAAC4494E1403C886**  
Amount of Each Receipt this Period **40.00**  
 Memo Item

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

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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 ▼ 251.53

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A64C87AF5B36549A286C**

Amount of Each Receipt this Period 40.00

Memo Item

**B. Mr. Fred A. Hannula**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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 ▼ 210.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A62049416B06246F7835**

Amount of Each Receipt this Period 30.00

Memo Item

**C. Mr. Fred A. Hannula**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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 ▼ 240.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : AAEE8DC0616784887B0E**

Amount of Each Receipt this Period 30.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 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. Joseph B. Haswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2016  
**Transaction ID : AEEDB3172F21A410A816**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Mr. Joseph B. Haswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Assistant Division Manager, Casualty C  
 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  
 07 / 22 / 2016  
**Transaction ID : A4A6A17BFA81D4B90B0E**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Mr. Rich Hawkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mutual of Enumclaw Insurance Company Vice President, Marketing  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 606.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : A6BD911A47A12408F9A4**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<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 40 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. Eugene T. Heaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1800  
 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 400.00

Date of Receipt 07 / 12 / 2016  
**Transaction ID : ABDB4BA06255B4A40927**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Mr. Shane Heeren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Mutual Insurance Company Occupation Vice President, Marketing & Sales  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A4903C0FA145B4197B7E**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Mr. F. Timothy Hegarty Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Chairman, President, & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 538.44

Date of Receipt 07 / 08 / 2016  
**Transaction ID : AFB24DB1EEBC1425A833**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 153.46  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 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. F. Timothy Hegarty Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Chairman, President, & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 07 / 22 / 2016  
**Transaction ID : ABF7321CEF1214D078F3**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**B. Ms. Laura Hinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5640 Northmoor Dr  
 City Dallas State TX Zip Code 75230-2644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Columbia Mutual Insurance Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 07 / 01 / 2016  
**Transaction ID : A6FDA0EFAD6FC45288BC**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Mr. Timothy R. Hyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1800  
 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 ▼  
 400.00

Date of Receipt  
 07 / 12 / 2016  
**Transaction ID : A1C4ADA4BF1DB4633B98**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	613.46
<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 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. Ms. Theresa Jakubick**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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 07 / 12 / 2016  
**Transaction ID : A61F24AF6063C4FFA9B3**

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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 07 / 25 / 2016  
**Transaction ID : A8C3ABF1018DF4D3CA9D**

Amount of Each Receipt this Period 20.00

Memo Item

**C. Mr. Harold Jamison**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Market St Ste 1200

City Philadelphia State PA Zip Code 19103-7008

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation VP, Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : A32BF07FB4ACB4CD78E1**

Amount of Each Receipt this Period 300.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 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. Dina L. Johnson**

Mailing Address PO Box 5626

City State Zip Code  
Rockford IL 61125-0626

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 ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016

**Transaction ID : A9FE11012920A44B3B9D**

Amount of Each Receipt this Period  
260.00

Memo Item

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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 ▼  
541.71

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2016

**Transaction ID : A46A08423FDD74BAA8C4**

Amount of Each Receipt this Period  
41.67

Memo Item

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

Mailing Address 3030 N 3rd St

City State Zip Code  
Phoenix AZ 85012-3074

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 ▼  
583.38

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2016

**Transaction ID : AB5EC90802A91453080F**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	343.34
<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 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. Mr. Jon Jorgensen**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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 ▼ **315.00**

Date of Receipt: **07 / 01 / 2016**

**Transaction ID : A0354C6C5B00348EFA22**

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

Memo Item

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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 ▼ **360.00**

Date of Receipt: **07 / 28 / 2016**

**Transaction ID : ACC23BAD9D8844BE8840**

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

Memo Item

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

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **636.44**

Date of Receipt: **07 / 08 / 2016**

**Transaction ID : AD1DFD8EF7102470182F**

Amount of Each Receipt this Period: **45.46**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **135.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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	

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 Karol**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW  
Ste 540

City Washington State DC Zip Code 20001-2102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
681.90

Date of Receipt  
07 / 22 / 2016  
Transaction ID : AD5D08D01295E4AEB8B9

Amount of Each Receipt this Period  
45.46

Memo Item

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 08 / 2016  
Transaction ID : ADAE93B56DD4545568FB

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
07 / 22 / 2016  
Transaction ID : A0633F3BED9264FB1B3B

Amount of Each Receipt this Period  
15.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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	<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. Frank P. Kellner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 291.62

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A6D60B0C2E6374465B37**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 507.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : ABE51E85D3FD841B490F**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**c. Ms. Jami Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 546.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A1A0248ED989341B48B9**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 119.66  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 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. Jami Kelly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ave  
City Frankenmuth State MI Zip Code 48787-1000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **585.00**

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : A26F6939ABB12429FB0B**  
Amount of Each Receipt this Period **39.00**  
 Memo Item

**B. Mr. Drew A. Klasing**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909-8160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Manager, Home Office Claims  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A5F036ABB41294DDAA1F**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Mr. Drew A. Klasing**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909-8160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Manager, Home Office Claims  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : ADA003BCC9C2541F0954**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **139.00**  
**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	

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 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A7E152735D27D473CA9D**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

**B. Mr. Kraig T. Klopfenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : AA5CE8488E4FE41ABA55**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item

**C. Kelly J. Klug**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618  
 City Columbia State MO Zip Code 65205-0618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation Senior Vice President & CFO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : AE68B8A6157AC428F99A**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</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 49 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. Andrew Knudsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 07 / 01 / 2016  
**Transaction ID : AD523B370C7244FBC8E1**

Amount of Each Receipt this Period 38.00

Memo Item

**B. Mr. Andrew Knudsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 532.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : AEF45BC433B3E4A8FAE1**

Amount of Each Receipt this Period 38.00

Memo Item

**C. Mr. Andrew Knudsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 570.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : AB93F5C8DA1DB47EE9C8**

Amount of Each Receipt this Period 38.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 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. Steve J. Knutson**

Mailing Address 30 Molly Ln

City Esko State MN Zip Code 55733-5510

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

Name of Employer RAM Mutual Insurance Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2016

**Transaction ID : AA8CF9DE28D4D4D959DE**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Mitch Lawens**

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : ABE411E610BA24B6FA00**

Amount of Each Receipt this Period  
35.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Mitch Lawens**

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2016

**Transaction ID : AD46185CC72444BC0A3C**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<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 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	

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

Mailing Address PO Box 396

City State Zip Code  
Ellinwood KS 67526-0396

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 ▼  
315.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016

**Transaction ID : ADF6182878E294888A90**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Mr. Michael LeBlanc**  
Full Name (Last, First, Middle Initial)

Mailing Address 2102 Whitegate Dr

City State Zip Code  
Columbia MO 65202-2335

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

Name of Employer Occupation  
Columbia Mutual Insurance Company Vice President Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2016

**Transaction ID : A934BC879C20D4D2CA62**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 2005 Market St  
Ste 1200

City State Zip Code  
Philadelphia PA 19103-7008

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

Name of Employer Occupation  
Pennsylvania Lumbermens Mutual Insuran Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2016

**Transaction ID : AB983D9DD18EA4B218F7**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1340.00
<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 52 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. Theresa C. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6927  
 City Richmond State VA Zip Code 23230-0927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Assurance Society of Virginia Occupation Secretary-Treasurer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 291.62

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A85734EAFD9394C69B41**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Mr. Steven D. Linkous**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1465.24

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A448F0D2883BF490D8E1**  
 Amount of Each Receipt this Period 209.32  
 Memo Item

**C. Mr. Roger Looyenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Chairman  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : AD9F472D958CA40A4A94**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.98  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 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**

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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 ▼ **640.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

**Transaction ID : A07C244C0F0FB4924B84**

Amount of Each Receipt this Period  

120.00
--------

 Memo Item

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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 ▼ **615.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

**Transaction ID : A50FC94862565499E9C6**

Amount of Each Receipt this Period  

115.41
--------

 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Stephen B. Lubbering**

Mailing Address PO Box 618

City	State	Zip Code
Columbia	MO	65205-0618

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

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

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
07	/	01	/	2016

**Transaction ID : A683011904647464094A**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>535.41</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 55 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. Teresa Maledy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address c/o Commerce Bank  
 PO Box 1677  
 City Columbia State MO Zip Code 65205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A05FB1A16D07D4180ABA**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Mr. John F. Marazzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Market St  
 Ste 1200  
 City Philadelphia State PA Zip Code 19103-7008  
 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 **260.00**

Date of Receipt **07 / 05 / 2016**  
**Transaction ID : A6CC01E3DD62040E48A3**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**C. Ms. Diane Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A54F68EC0547A46049E9**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **620.00**  
**TOTAL** This Period (last page this line number only).....





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 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. Mrs. Stacey Matteson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3001 C St  
# 300

City Anchorage State AK Zip Code 99503-3913

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 ▼  
330.00

Date of Receipt  
07 / 27 / 2016  
**Transaction ID : A6D9867EB14E74873931**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Mr. Phil McCain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼  
499.98

Date of Receipt  
07 / 01 / 2016  
**Transaction ID : AE4FF8941D47A4EFD80E**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. Mr. Phil McCain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  
07 / 15 / 2016  
**Transaction ID : A1A25EA60F30E4D12838**

Amount of Each Receipt this Period  
38.46

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.92

**TOTAL** This Period (last page this line 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"/> 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. Phil McCain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Mutual Ave  
City Frankenmuth State MI Zip Code 48787-1000  
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 **576.90**

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : A37596447C8324443927**  
Amount of Each Receipt this Period **38.46**  
 Memo Item

**B. S.H. McCullough**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 244017  
City Montgomery State AL Zip Code 36124-4017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation RVP - Montgomery Region  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A9831C2B3E83B449F860**  
Amount of Each Receipt this Period **30.00**  
 Memo Item

**c. S.H. McCullough**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 244017  
City Montgomery State AL Zip Code 36124-4017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation RVP - Montgomery Region  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A8B5CCB2BCE694FEB938**  
Amount of Each Receipt this Period **30.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **98.46**  
**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 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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Sherry L. McKenzie**  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Assistant Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : AEDA0E3303924492F8DB**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ms. Sherry L. McKenzie**  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Assistant Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2016  
**Transaction ID : A18718697DAC84A1389E**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Brian S. McLeod**  
 Mailing Address 1 Mutual Ave  
 City State Zip Code  
 Frankenmuth MI 48787-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Frankenmuth Mutual Insurance Company Vice President, Secretary & Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 501.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : A1EC4C223F11A42D7BB6**  
 Amount of Each Receipt this Period  
 38.54  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 188.54  
**TOTAL** This Period (last page this line 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"/> 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. Brian S. McLeod**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 539.56

Date of Receipt 07 / 15 / 2016  
**Transaction ID : A8A1670814C7F423B9F6**

Amount of Each Receipt this Period 38.54

Memo Item

**B. Mr. Brian S. McLeod**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 578.10

Date of Receipt 07 / 29 / 2016  
**Transaction ID : A020A59CDEB194C47955**

Amount of Each Receipt this Period 38.54

Memo Item

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

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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 07 / 05 / 2016  
**Transaction ID : A6FDB0DBEA29A4477B26**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 577.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 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. R.F. Mengerink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation AVP Information Systems & Technology
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : A10F8234C8A044DC498D**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B. R.F. Mengerink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation AVP Information Systems & Technology
---	--

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  
 07 / 28 / 2016

**Transaction ID : AF1CF4815027E4835BDD**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C. Mr. Thomas A. Meyers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Main St

City Buffalo	State NY	Zip Code 14202-4104
-----------------	-------------	------------------------

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

Name of Employer Merchants Mutual Insurance Company	Occupation Chief Finance Officer, Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : A421AF48DA2A448FEA38**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<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 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. Mr. Scott A. Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President - Commercial  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A808F8BDFC109478BAB8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mr. Scott A. Michael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President - Commercial  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : ABCAA9082A5F04161A9B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mr. David Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 560.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : A502487E9FA37487D825**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 140.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 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. David Middleton**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2016  
**Transaction ID : A2DDDDA537563423183E**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Ms. Dona L. Mohr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2016  
**Transaction ID : A5F5D03D6175C46048AC**

Amount of Each Receipt this Period  
45.00

Memo Item

**C. Ms. Dona L. Mohr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2016  
**Transaction ID : A831E384082814B8B847**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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 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**

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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 ▼  
595.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016  
**Transaction ID : A5DCD545CEE2941C7A11**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016  
**Transaction ID : AF6A00ED563054F59992**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2016  
**Transaction ID : AAC8A7F60BFAC4B76B34**

Amount of Each Receipt this Period  
20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 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. Joel P. Murray**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 22 / 2016  
**Transaction ID : A2ED73C04D4174B19A1A**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Occupation  
Mutual of Enumclaw Insurance Company President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
07 / 25 / 2016  
**Transaction ID : AE0249D4809DD48ADA13**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mr. Robert O'Reilly**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer Occupation  
Columbia Mutual Insurance Company VP/Branch Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
07 / 01 / 2016  
**Transaction ID : A6220B3D815114687935**

Amount of Each Receipt this Period  
225.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 495.00

**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 66 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. Mary K. Osborn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5626  
 City Rockford State IL Zip Code 61125-0626  
 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 **250.00**

Date of Receipt **07 / 05 / 2016**  
**Transaction ID : A165DF26F9DDB42B5AC7**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Mr. Roger Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Special Investigation Program Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.76**

Date of Receipt **07 / 25 / 2016**  
**Transaction ID : ACE14E8085B9C4191B76**  
 Amount of Each Receipt this Period **41.68**  
 Memo Item

**C. Mr. Gary J. Paich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FMI Insurance Company Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 19 / 2016**  
**Transaction ID : AC8ECFD9B13F14C67B49**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>541.68</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 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**

**A. Mr. Harry Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 W Poplar St  
 City Rogers State AR Zip Code 72756-4443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Protective Mutual Insurance Co Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 18 / 2016  
**Transaction ID : AEEF99DFD381D4A56A71**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Ms. Judith Patrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2016  
**Transaction ID : A8665F687BC2441228AB**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mr. John A. Paul**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 498  
 City Council Bluffs State IA Zip Code 51502-0498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Iowa Mutual Insurance Associat Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : AEA2EE0ED9C3B4339B73**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Andrea I. Phillips**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : AE01500029AEC4C1BACF**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ms. Andrea I. Phillips**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : ABF6E675D1E4043E39B8**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Jeffery Pierce**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

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  
07 / 01 / 2016

**Transaction ID : A7F41FCC984704AC7A5D**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 70 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 Pike**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Human Resources Professional
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

**Transaction ID : A69C0DC4EA82042C595E**

Amount of Each Receipt this Period  
45.00

Memo Item

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

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

Name of Employer Auto-Owners Insurance Company	Occupation Human Resources Professional
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	28	/	2016

**Transaction ID : A3BBBB6844ECB48E2A7D**

Amount of Each Receipt this Period  
45.00

Memo Item

**C. Mr. Barry Preslaski**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

**Transaction ID : ACDF1E8F2ADBB49ACB5F**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 71 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"/>	<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. Barry Preslaski**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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 ▼  
240.00

Date of Receipt  
07 / 28 / 2016  
Transaction ID : **ADF2809D9F3FB4794A4B**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 01 / 2016  
Transaction ID : **AD977C2D150AD4186B4F**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
07 / 05 / 2016  
Transaction ID : **AE85B6CE2470944CBAE2**

Amount of Each Receipt this Period  
180.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 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	<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. Lee Rademacher**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 07 / 28 / 2016  
**Transaction ID : A93F2BF8B59074A4D9B2**

Amount of Each Receipt this Period: 30.00

Memo Item

**B. Mr. Mike Rasmussen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer: Mutual of Enumclaw Insurance Company Occupation: Field Claim Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.72

Date of Receipt: 07 / 25 / 2016  
**Transaction ID : A95C1E6A427524F3C940**

Amount of Each Receipt this Period: 42.00

Memo Item

**C. Mr. Rory Read**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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

Name of Employer: Columbia Mutual Insurance Company Occupation: VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 01 / 2016  
**Transaction ID : A0A9759C024B746B58ED**

Amount of Each Receipt this Period: 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 322.00

**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 73 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. Jonathan R. Riekse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : AD7ADAE9FA9134126A49**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Mr. Jonathan R. Riekse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2016

**Transaction ID : A5945F6F6531C4CEE961**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Mr. Jeff Rink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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 ▼  
291.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2016

**Transaction ID : A13588D2AB9F2498BB91**

Amount of Each Receipt this Period  
41.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.32
<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 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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Clarence Roach**

Mailing Address 703 W Poplar St

City State Zip Code  
Rogers AR 72756-4443

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

Name of Employer Occupation  
Farmers Protective Mutual Insurance Co Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2016

**Transaction ID : AF8D2BE57575D48DF967**

Amount of Each Receipt this Period  
25.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Rodney J. Rupp**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
Lansing MI 48917-3968

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2016

**Transaction ID : A4D94DF9E14364AF3B16**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Eric P. Schmader**

Mailing Address PO Box 59

City State Zip Code  
Marble PA 16334-0059

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2016

**Transaction ID : A95BDAF6F5EF545AA9AE**

Amount of Each Receipt this Period  
62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	837.50
<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 75 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 P. Schmader**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 59  
 City Marble State PA Zip Code 16334-0059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farmers Mutual Fire Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : A40319E06F77D484090A**  
 Amount of Each Receipt this Period **62.50**  
 Memo Item

**B. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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 **420.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A2B42EFC2E49244F7832**  
 Amount of Each Receipt this Period **60.00**  
 Memo Item

**C. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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 **480.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A835B6A25309E4A61877**  
 Amount of Each Receipt this Period **60.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>182.50</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 76 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. James C. Schumacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : A7A82662C205F443698B**

Amount of Each Receipt this Period  
 42.00

Memo Item

**B. Mr. James C. Schumacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
-----------------	-------------	------------------------

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 ▼  
336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2016  
**Transaction ID : ABC05F638732942EF887**

Amount of Each Receipt this Period  
 42.00

Memo Item

**C. Ms. Betty Schuster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : AE12C11E4181043DDBA1**

Amount of Each Receipt this Period  
 600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	684.00
<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 77 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. Phyllis Senseman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 11 / 2016  
**Transaction ID : A882F8D436FA54561BEF**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Ms. Phyllis Senseman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation Vice President Marketing and Communica  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 22 / 2016  
**Transaction ID : AE94B506115CC4830A0C**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Mr. Scott Shannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director of Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A51EF53A318194EDFB6E**  
 Amount of Each Receipt this Period 41.68  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.34
<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 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. Mr. Kent B. Shantz**

Mailing Address PO Box 5626

City State Zip Code  
 Rockford IL 61125-0626

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

Name of Employer Occupation  
 Rockford Mutual Insurance Company COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 463.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2016

**Transaction ID : A652160461B46454E802**

Amount of Each Receipt this Period  
 78.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Athan M. Shinas**

Mailing Address 1460 Wells St

City State Zip Code  
 Enumclaw WA 98022-3003

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

Name of Employer Occupation  
 Mutual of Enumclaw Insurance Company General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1458.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016

**Transaction ID : AE32073CA743045049D4**

Amount of Each Receipt this Period  
 208.34

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Donald A. Smith Jr.**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

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

Name of Employer Occupation  
 CopperPoint Mutual Insurance Company Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2016

**Transaction ID : ABFD3418673074FEE914**

Amount of Each Receipt this Period  
 125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 411.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 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. Byron Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Columbia Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2016  
**Transaction ID : A30036C5BDD6F4760981**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mr. David Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Preferred Mutual Insurance Company	Occupation Director, Applications & Product Devel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2016  
**Transaction ID : ADAFAF0A483FD46C8950**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Mr. John K. Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2005 Market St  
Ste 1200

City Philadelphia	State PA	Zip Code 19103-7008
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016  
**Transaction ID : A0CB23C6BCF4C46738CE**

Amount of Each Receipt this Period  
95.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<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 80 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. Ms. Susan Snodgrass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapi Blvd  
 City Lansing State MI Zip Code 48917-3968  
 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)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A9128D53F813C4493B3C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Mr. Steven C. Speicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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)  Memo Item  
 Aggregate Year-to-Date 350.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : ADADD6D8F025644F6932**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**c. Mr. Steven C. Speicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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)  Memo Item  
 Aggregate Year-to-Date 400.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : A02318273CF794A2BA99**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 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. Kristen Spriggs**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.00</b>	

Date of Receipt  
**07 / 08 / 2016**  
Transaction ID : **AF94D25FCAD6A4033AED**

Amount of Each Receipt this Period  
**20.00**

Memo Item

**B. Ms. Kristen Spriggs**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**07 / 22 / 2016**  
Transaction ID : **A13370E2B0757448A906**

Amount of Each Receipt this Period  
**20.00**

Memo Item

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1346.10</b>	

Date of Receipt  
**07 / 08 / 2016**  
Transaction ID : **A15EFED76425E42B1880**

Amount of Each Receipt this Period  
**96.15**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.15</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 82 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. Tim F. Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1442.25	

Date of Receipt  
07 / 22 / 2016  
**Transaction ID : A92E89BFBD5294FCAB70**

Amount of Each Receipt this Period  
96.15

Memo Item

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Membership/Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Date of Receipt  
07 / 08 / 2016  
**Transaction ID : AAA7AE5242F9B4BDD9C5**

Amount of Each Receipt this Period  
40.00

Memo Item

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Membership/Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
07 / 22 / 2016  
**Transaction ID : AA85960A62C434F52B17**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.15
<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 83 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. Robin Suydam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 400  
 City Branchville State NJ Zip Code 07826-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franklin Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 05 / 2016**  
**Transaction ID : A7C45F9543A05414FB7D**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Mr. Jeffrey Tagsold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : A1A583DBE112B45CA83E**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Mr. Jeffrey Tagsold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **800.00**

Date of Receipt **07 / 28 / 2016**  
**Transaction ID : A956C3CDCCB3846C0A78**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 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**

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 08 / 2016

Transaction ID : AAC4B7023871E44B7A99

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2016

Transaction ID : A77DB38C9F5B14B7899C

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 01 / 2016

Transaction ID : A075CC91850244E3987D

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 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 J. Thelen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President of Human Resourc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : AD76ED400AD384EA79A4**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Mr. Joe Thesing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : A0881D92690B44ACDB40**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Mr. Joe Thesing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : A565D87AE6672482A888**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 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. Bruce D. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 594

City Algona State IA Zip Code 50511-0594

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 ▼ 700.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : AD00B7F51CFEC4E678F5**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Mr. Gary W. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 618

City Columbia State MO Zip Code 65205-0618

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 07 / 11 / 2016  
**Transaction ID : A057A696A95D343F1A48**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Mr. Michael W. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City Dedham State MA Zip Code 02026-1850

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

Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation Director, Finance and Investment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : AC93193D23F6F46B5883**

Amount of Each Receipt this Period 20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00

**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 87 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. Michael W. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norfolk & Dedham Mutual Fire Insurance Director, Finance and Investment  
 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  
 07 / 22 / 2016  
**Transaction ID : A22E38D3D1B0A464F913**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : AE36BADF766D848D494A**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Mr. Aaron J. Valentine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1800  
 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 ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2016  
**Transaction ID : A384FD12BD17D488692F**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<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 88 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 J. Walsh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : AC66919DED2CC4D7EA11**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mr. James J. Walsh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 28 / 2016  
**Transaction ID : AF16842B1E90E4A36AFD**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mr. Joseph Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Manager - Business Insurance Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2016  
**Transaction ID : A837DA6618DEE49DC803**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<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 89 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. Joseph Walsh**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

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

Name of Employer Occupation  
 Ohio Mutual Insurance Company Manager - Business Insurance Products

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 07 / 25 / 2016  
**Transaction ID : A4B2B2F8C031D43CEAE0**

Amount of Each Receipt this Period  
 40.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President, Investments and

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 588.00

Date of Receipt  
 07 / 01 / 2016  
**Transaction ID : AF39EBAA11BA54BC583F**

Amount of Each Receipt this Period  
 84.00

Memo Item

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

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

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

Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President, Investments and

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 672.00

Date of Receipt  
 07 / 28 / 2016  
**Transaction ID : A2A6139584256407298A**

Amount of Each Receipt this Period  
 84.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.00

**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 90 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. Ernest Weeks**

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Vice President, Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

**Transaction ID : A3189A9490493470484E**

Amount of Each Receipt this Period  

19.00
-------

 Memo Item

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

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

Name of Employer	Occupation
Auto-Owners Insurance Company	Assistant Vice President and Chief P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : A8FFAA9021BB548AD85C**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

Name of Employer	Occupation
Auto-Owners Insurance Company	Assistant Vice President and Chief P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

**Transaction ID : A0A892D5A084D41608FC**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>219.00</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 91 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. Jessica White**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1800

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

Name of Employer Occupation  
 Preferred Mutual Insurance Company Auto PD Claims Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : A1D3A009711464853BA4**

Amount of Each Receipt this Period  
 60.00

Memo Item

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

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

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

Name of Employer Occupation  
 CopperPoint Mutual Insurance Company Vice President of Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2016

**Transaction ID : AA2791D3E10A04AB69AC**

Amount of Each Receipt this Period  
 20.83

Memo Item

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

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

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

Name of Employer Occupation  
 CopperPoint Mutual Insurance Company Vice President of Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 291.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016

**Transaction ID : AC5F82F48E1E845C9A7E**

Amount of Each Receipt this Period  
 20.83

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 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 85012-3074

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 ▼ 286.00

Date of Receipt 07 / 11 / 2016  
**Transaction ID : A6FF98F78F6C245B680F**

Amount of Each Receipt this Period 22.00

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix State AZ Zip Code 85012-3074

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 ▼ 308.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : ADBDFB7311BBE419E8A9**

Amount of Each Receipt this Period 22.00

Memo Item

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

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3968

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 ▼ 3141.69

Date of Receipt 07 / 01 / 2016  
**Transaction ID : AFA516E6BBD2544C0834**

Amount of Each Receipt this Period 91.67

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.67

**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 93 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. William Woodbury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapi Blvd  
 City Lansing State MI Zip Code 48917-3968  
 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 ▼ 3233.36

Date of Receipt 07 / 28 / 2016  
**Transaction ID : AF3B00B9E74424CF5B3E**  
 Amount of Each Receipt this Period 91.67  
 Memo Item

**B. Mr. Jeffrey S. Wrobel Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6927  
 City Richmond State VA Zip Code 23230-0927  
 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 ▼ 554.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : A5586C95F87F34009BF6**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Mr. Jeffrey S. Wrobel Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6927  
 City Richmond State VA Zip Code 23230-0927  
 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 ▼ 654.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : A42BD08DC47014B3CAB4**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.67
<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 94 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. Don Yewell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5626

City Rockford State IL Zip Code 61125-0626

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 / D D / Y Y Y Y Y Y  
 07 / 05 / 2016

**Transaction ID : A762BE363EE2A4BB0983**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31658.02

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

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. Emc Corporation Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 South Street  
 City Hopkinton State MA Zip Code 01748-2208  
 FEC ID number of contributing federal political committee. **C** C00385948  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A72D91CA979494677AE3**  
 Amount of Each Receipt this Period -5000.00  
 Memo Item  
 Redesignation from Memo  
 See report memo text; memo intended to correct address and Committee ID

**B. Employers Mutual Casualty (EMC) Company Committee for Responsible Federal Government**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 717 Mulberry Street  
 City Des Moines State IA Zip Code 50309-3810  
 FEC ID number of contributing federal political committee. **C** C00163873  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : A47CB429B3F9D4EDDBC0**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Redesignation to Memo  
 See report memo text; memo intended to correct address and Committee ID

**C. Fbl Financial Group Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5400 University Ave  
 City West Des Moines State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C** C00317297  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 12 / 2016  
**Transaction ID : AB35193BB5608415089F**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 96 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 ▼  
 2042.27

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : AFCFE3057BCCF4C5B900**  
 Amount of Each Receipt this Period  
 457.50  
 Memo Item  
 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  
 Memo Item

**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  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	457.50
<b>TOTAL</b> This Period (last page this line number only).....▶	457.50



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

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. Chase Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8751 Michigan Rd  
City Indianapolis State IN Zip Code 46268-3141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 24.26

Date of Receipt 07 / 29 / 2016  
**Transaction ID : AAC2AB776C1CF4D08AAI**  
Amount of Each Receipt this Period 0.04  
 Memo Item  
Interest

**B. Chase Bank**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8751 Michigan Rd  
City Indianapolis State IN Zip Code 46268-3141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 24.26

Date of Receipt 07 / 29 / 2016  
**Transaction ID : A9D93FA1DC7954DAD9BA**  
Amount of Each Receipt this Period 1.87  
 Memo Item  
Interest

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1.91
<b>TOTAL</b> This Period (last page this line number only).....▶	1.91

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

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

FOR LINE NUMBER: PAGE 98 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.** Full Name (Last, First, Middle Initial)  
**Duffy for Congress**

Mailing Address P.O. Box 538

City Wausau State WI Zip Code 54402-0538

FEC ID number of contributing federal political committee. **C** C00464339

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2016  
**Transaction ID : A06657036910841D393D**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Refund

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

# 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 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Transaction ID : B9202128E223F4B4089B

Amount of Each Disbursement this Period

8.13

Memo Item

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 Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2016

Transaction ID : B7A24C4C8FC754FFA974

Amount of Each Disbursement this Period

7.95

Memo Item

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2016

Transaction ID : B1D351B964E1D46C7BC3

Amount of Each Disbursement this Period

13.00

Memo Item

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

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

29.08

**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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2016

Transaction ID : BA6F481A4A43A4ACBA12

Amount of Each Disbursement this Period

6.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Transaction ID : B8E77BB77F1254F3DB14

Amount of Each Disbursement this Period

17.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

Transaction ID : B2159E80AF8F2494EBA7

Amount of Each Disbursement this Period

13.75

Memo Item

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

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

37.75

**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 International, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2016

Transaction ID : B4A64056EA7FA4CE988E

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2016

Transaction ID : B21DB2B08D505435384F

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2016

Transaction ID : BDB3DBA54754F4D14BA7

Amount of Each Disbursement this Period

119.96

Memo Item

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

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

149.96

216.79

**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. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2016

Transaction ID : B9177F3ACE59E46C7BCD

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Scott Desjarlais**

Mailing Address PO. Box 90133

City Nashville State TN Zip Code 37209-0133

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Scott E. Desjarlais**

Office Sought:  House  Senate  President

State: TN District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2016

Transaction ID : B6DC54C9BFC314CC8BF9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

16000.00

16000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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 Brandon Creighton**

Mailing Address 2257 N. Loop 336  
Suite 140-336

City Conroe State TX Zip Code 77304-3566

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : B59F817D4CAC146108B5**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Brandon Creighton**

Mailing Address 2257 N. Loop 336  
Suite 140-336

City Conroe State TX Zip Code 77304-3566

Purpose of Disbursement  
Void from 10/19/15

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : B7B6B3CAEE65141D19B2**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wieland Now**

Mailing Address 1015 Castleman Drive

City Imperial State MO Zip Code 63052-3830

Purpose of Disbursement  
Void from 7/30/15

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : BC8337C03C80E4D1CA1D**

Amount of Each Disbursement this Period

Memo Item

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

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

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. Wieland Now**

Mailing Address 1015 Castleman Drive

City Imperial State MO Zip Code 63052-3830

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2016

**Transaction ID : B52F85E87BF4345EF8C9**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

250.00

0.00