

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 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on MM/DD/YYYY in the State of. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on MM/DD/YYYY in the State of.

5. Covering Period 06/01/2014 through 06/30/2014

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

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date 07/18/2014

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**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="2014"/>		61979.34
(b) Cash on Hand at Beginning of Reporting Period.....	59371.55	
(c) Total Receipts (from Line 19) .....	45683.27	248812.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105054.82	310792.33
7. Total Disbursements (from Line 31).....	64343.20	270080.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40711.62	40711.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**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).....	27083.59	155791.59
(ii) Unitemized .....	9331.72	66572.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36415.31	222363.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	24750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45415.31	247113.98
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).....	261.50	1666.84
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.46	32.17
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))..... ▶	45683.27	248812.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45683.27	248812.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	193.20	1930.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	193.20	1930.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	256500.00
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 .....	150.00	150.00
(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)).....	150.00	150.00
29. Other Disbursements .....	9500.00	11500.00
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)) ..	64343.20	270080.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64343.20	270080.71

**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) .....	45415.31	247113.98
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45265.31	246963.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	193.20	1930.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	261.50	1666.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-68.30	263.87

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 91
<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. Ms. Cathy M. Adcock**  
 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **06 / 04 / 2014**  
**Transaction ID : A9BFAC657ECF5461FA30**  
 Amount of Each Receipt this Period **75.00**

**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 **330.00**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : AEC65EFCDF728425D805**  
 Amount of Each Receipt this Period **30.00**

**C. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 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 **360.00**

Date of Receipt **06 / 16 / 2014**  
**Transaction ID : A2CBCFAC2BC0C4AC082I**  
 Amount of Each Receipt this Period **30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>135.00</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 7 OF 91
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 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 Chief Information Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : A36BD0BEF266C4CE9A43**  
 Amount of Each Receipt this Period  
 30.00

**B. Mr. Thomas Alighieri**  
 Full Name (Last, First, Middle Initial)  
 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 Treasurer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : ABF44EBB7FD664FC19C5**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Neil Aldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City State Zip Code  
 Indianapolis IN 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Mutual Insuran Senior Vice President - State and Poli  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : A72E3A489DE124B57843**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<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 8 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Neil Alldredge**  
 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 Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **560.00**

Date of Receipt **06 / 27 / 2014**  
**Transaction ID : ABFF5ADE27B964FEBAB1**  
 Amount of Each Receipt this Period **40.00**

**B. Ms. Diane Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **06 / 04 / 2014**  
**Transaction ID : A5C8B7EC29DA54347A3F**  
 Amount of Each Receipt this Period **60.00**

**C. Mr. Brent Bahler**  
 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 Affairs  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **666.77**

Date of Receipt **06 / 12 / 2014**  
**Transaction ID : AC02A39112D1E4B35A2A**  
 Amount of Each Receipt this Period **51.29**

**SUBTOTAL** of Receipts This Page (optional)..... **151.29**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brent Bahler**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
718.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A58165D010A1148EBB8F**

Amount of Each Receipt this Period  
51.29

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

City Lansing	State MI	Zip Code 48909-8160
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : AD97FBFFE66A642118D1**

Amount of Each Receipt this Period  
50.00

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

City Columbia	State MO	Zip Code 65205-0618
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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 ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2014

**Transaction ID : AAC6C0AB5221C4AECA64**

Amount of Each Receipt this Period  
62.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	163.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1404.00**

Date of Receipt **06 / 06 / 2014**  
**Transaction ID : A61F66857C1F04543A35**  
Amount of Each Receipt this Period **117.00**

**B. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1521.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : A9E5FFD9A684E49C3B52**  
Amount of Each Receipt this Period **117.00**

**c. Mr. Clarence Boyle Sr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : ABC40BE6498794D159CC**  
Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **334.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Bob I. Buchanan**  
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapi Blvd

City Lansing	State MI	Zip Code 48917-3994
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FEC ID number of contributing federal political committee. **C**

Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Info. Systems &
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : ADB95BA84C17C497B9E4**

Amount of Each Receipt this Period  

42.00
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**B. Ms. Ginny Caro**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
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FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.26**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : A7EBD37CDDFF024B13808**

Amount of Each Receipt this Period  

41.66
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**C. Ms. Ginny Caro**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
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FEC ID number of contributing federal political committee. **C**

Name of Employer CopperPoint Mutual Insurance Company	Occupation Vice President of Claims Services
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.92**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : A08169F416DF640C099B**

Amount of Each Receipt this Period  

41.66
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.32</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 12 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Peter M. Cazzolla**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Garden Rd  
 City Monterey State CA Zip Code 93940-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Capital Insurance Company Occupation Chairman, President and CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : AB34D0FDB8CB44BC4BA**  
 Amount of Each Receipt this Period  
 1000.00

**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 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : A73122CCFEC2D4381864**  
 Amount of Each Receipt this Period  
 90.00

**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 1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : A3D2B564DE14E4E14AC1**  
 Amount of Each Receipt this Period  
 90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1180.00
<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 13 OF 91
	<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. L. Arnold Chatterton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Garden Rd  
 City Monterey State CA Zip Code 93940-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Capital Insurance Company Occupation Vice President - Field OOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : AA86DF0DB031C49F4BEB**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Steve H. Chevalier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360-0040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : A076C48221F064D0BA9A**  
 Amount of Each Receipt this Period  
 1100.00

**C. Mr. Mark Coe**  
 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 IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : ABD94E1DF8A5548FFBF6**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1389.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : A545BD637455E499AA13**

Amount of Each Receipt this Period  

39.00
-------

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

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 M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A6D9B99C7A1A84A18BF0**

Amount of Each Receipt this Period  

39.00
-------

**c. Mr. Darwin G. Copeman CPCU**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 468

City	State	Zip Code
Neenah	WI	54957-0468

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

Name of Employer	Occupation
Jewelers Mutual Insurance Company	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : A9E959C13A3C94A2B90E**

Amount of Each Receipt this Period  

300.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>378.00</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 15 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Dan DeArment PFMM</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2014 <b>Transaction ID : AE3395BF6831A4A9682A</b>
Mailing Address PO Box 646		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick DeGraw</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 12 / 2014 <b>Transaction ID : A18EB34AC977147C0927</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
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 CAO & Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rick DeGraw</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2014 <b>Transaction ID : A280A4DF939944388867</b>
Mailing Address 3030 N 3rd St		Amount of Each Receipt this Period 41.67
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 CAO & Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.34
<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 16 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert Detlefsen PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
----------------------	-------------	------------------------

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 ▼  
565.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : A0C8CD0BC71204F81876**

Amount of Each Receipt this Period  
 43.48

**B. Mr. Robert Detlefsen PhD**  
 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : AF6A43FB3A7FB493FB7C**

Amount of Each Receipt this Period  
 43.48

**C. Mr. Martin A. Dietrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1896
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : AA6452D3F998549D2AC5**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	586.96
<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 17 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Mary Doswell**  
 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 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  
 06 / 02 / 2014  
**Transaction ID : AFC9369867DCE4351A8A**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Martin M. Doto CPCU, MSIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President Insurance Operat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : A1FB4054CB77E4EBBBC1**  
 Amount of Each Receipt this Period  
 1000.00

**C. 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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : A033ECCE2F37D4440939**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1325.00
<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 18 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 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 ▼ 1250.08

Date of Receipt 06 / 12 / 2014  
**Transaction ID : AD9F88953ED774A0A822**  
 Amount of Each Receipt this Period 96.16

**B. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 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 06 / 27 / 2014  
**Transaction ID : AF619120594BF46F0B93**  
 Amount of Each Receipt this Period 96.16

**c. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 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 ▼ 960.00

Date of Receipt 06 / 06 / 2014  
**Transaction ID : A10713AB13F764130A79**  
 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 272.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 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 ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : A1D406A284E1E4701B1C**  
 Amount of Each Receipt this Period  
 80.00

**B. Mr. David B. Emerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : AF69444F5AEA5409CA3A**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Andrew M. Eriksen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : A55C53759E2554B12B0D**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Stephen F. Fabian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City State Zip Code  
 Bel Air MD 21014-3544  
 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 ▼  
 527.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : AE2829BFEF0244CBA879**  
 Amount of Each Receipt this Period  
 83.34

**B. Mr. Robert Fagerburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Main St  
 City State Zip Code  
 Buffalo NY 14202-4188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Merchants Mutual Insurance Company Vice President of Claims  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : A5528A74656AE476EA3C**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Michael L. Faron CPCU**  
 Full Name (Last, First, Middle Initial)  
 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 Division Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : A570B332BD24F4F1CB8A**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	353.34
<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 21 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Daniel P. Ferris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 S Memorial Dr  
 City Appleton State WI Zip Code 54915-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SECURA Insurance, A Mutual Company Occupation VP, General Counsel and Assistant Sec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : AF8724B92DDEB4C7FBF5**  
 Amount of Each Receipt this Period  
 1000.00

**B. 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 Auto-Owners Insurance Company Occupation Assistant Vice President-Life Operatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : A3E332C96D14F4431A0A**  
 Amount of Each Receipt this Period  
 65.00

**c. Mr. Clyde H. Fitch Jr., CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 E Broad St  
 City Columbus State OH Zip Code 43215-3901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Automobile Mutual Insurance Comp Occupation Senior Vice President & Chief Sales Of  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : A29CC197838674045AC6**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1565.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Joe Flynn**  
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 AVP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : A4EB9D19C6F5F4685AAA**

Amount of Each Receipt this Period **38.48**

**B. Mr. George W. Francis**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 High St

City Norwich State CT Zip Code 06360-5605

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

Name of Employer New London County Mutual Insurance Com Occupation Vice President-Marketing & Commercial

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt **06 / 02 / 2014**

**Transaction ID : A82E0E5334ACD4B43B64**

Amount of Each Receipt this Period **235.00**

**C. Mr. George Freeman III**  
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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 03 / 2014**

**Transaction ID : A6CF25F9631E54E84BC8**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **523.48**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Donald Fry</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee.		Transaction ID : <b>AD5BE1D1153D04E4F8B7</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Harford Mutual Insurance Company	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Philip M. Fullenkamp</b>		Date of Receipt
Mailing Address 1 Insurance Sq		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Celina	OH	45822-1659
FEC ID number of contributing federal political committee.		Transaction ID : <b>A4F24EC1BEBC84E52BE1</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
The Celina Mutual Insurance Company	Senior Vice President - CFO and Treasu	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Mr. Benjamin Galloway</b>		Date of Receipt
Mailing Address PO Box 618		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbia	MO	65205-0618
FEC ID number of contributing federal political committee.		Transaction ID : <b>AE72BCBEC14D044B1A91</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Columbia Mutual Insurance Company	Senior Vice President & CRO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Jeff Gans**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Garden Rd

City Monterey State CA Zip Code 93940-5326

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

Name of Employer California Capital 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  
 06 / 19 / 2014

**Transaction ID : A36BEB64068E44C44BFB**

Amount of Each Receipt this Period  
 250.00

**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 ▼ 229.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : AE4855485CC274E75BF2**

Amount of Each Receipt this Period  
 20.83

**C. 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 ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : AA7EC928691AD4DB4B3A**

Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.66

**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 25 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.64**

Date of Receipt **06 / 06 / 2014**

**Transaction ID : ADB928425543C474E93F**

Amount of Each Receipt this Period **38.47**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : A2711FA1FCB4A41D7B32**

Amount of Each Receipt this Period **38.47**

**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 ▼ **458.37**

Date of Receipt **06 / 12 / 2014**

**Transaction ID : A00578043634A49C8A01**

Amount of Each Receipt this Period **41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **118.61**

**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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Yvette Gonzales</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A7A1EC3F33CC24352B61</b>
Name of Employer CopperPoint Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Senior Vice President & CIO		<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.04"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Goodin</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A0AE5C04209ED492C922</b>
Name of Employer Harford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation Assistant Vice President Underwriting		<input type="text" value="41.66"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="236.08"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Linda Graham</b>		Date of Receipt
Mailing Address PO Box 40		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Norwich	CT	06360-0040
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A9DA509A188DA418C9B4</b>
Name of Employer New London County Mutual Insurance Com		Amount of Each Receipt this Period
Occupation Director		<input type="text" value="235.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="318.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jimi Grande**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1477.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : A26D906CD066846F9998**

Amount of Each Receipt this Period  
113.64

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

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1590.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A415455940A9B46F9B21**

Amount of Each Receipt this Period  
113.64

**C. Mr. E. Bulkeley Griswold**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 40

City Norwich	State CT	Zip Code 06360-0040
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : AA696706CAC944BC2887**

Amount of Each Receipt this Period  
385.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	612.28
<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 28 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. 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 Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Date of Receipt  
06 / 02 / 2014  
**Transaction ID : A71BB6BFE416141E1B19**

Amount of Each Receipt this Period  
20.00

**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 Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
06 / 16 / 2014  
**Transaction ID : AFC24057C734E44FE885**

Amount of Each Receipt this Period  
20.00

**C. Mr. David Grove**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Date of Receipt  
06 / 27 / 2014  
**Transaction ID : AF2A2B3E94AB04F2BBA2**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 29 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John 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 ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : A7743D76D8D6E4824AFE**

Amount of Each Receipt this Period  

40.00
-------

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

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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 ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A2E7CC47CF0DE4539A56**

Amount of Each Receipt this Period  

40.00
-------

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

City Bel Air	State MD	Zip Code 21014-3544
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation Vice Chairman
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : AF3C58B8602D741219E9**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</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 30 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : A2936E9A0DCD048D6B1E**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : A36C0BAE81E9B4120A0B**

Amount of Each Receipt this Period  
**40.00**

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

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	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : AC85CC257D27047B8952**

Amount of Each Receipt this Period  
**45.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</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 31 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. F. Timothy Hegarty Jr., CPCU**  
 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 President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : A512CB339507D4048A05**  
 Amount of Each Receipt this Period  
 45.00

**B. Mr. David G. Hendrix CPA**  
 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 CFO & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : AA834B4CF0E3449E2872**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Timothy R. Hyle CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Finance & Risk Managem  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : A8923FB3B3E9B4BD3AA2**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	595.00
<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 32 OF 91
	<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. Timothy R. Hyle CPA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 27 / 2014**

**Transaction ID : AFFEE97B7058249CB803**

Amount of Each Receipt this Period **50.00**

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

Mailing Address PMB 595  
3823 Tamiami Trail East

City Naples State FL Zip Code 34112

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

Name of Employer New London County Mutual Insurance Com Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **06 / 02 / 2014**

**Transaction ID : AB8B367A4DCE0464FB22**

Amount of Each Receipt this Period **385.00**

**C. 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 ▼ **240.00**

Date of Receipt **06 / 02 / 2014**

**Transaction ID : A7FE47AAD36FA47759CD**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **455.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014  
**Transaction ID : A6327E1BEEF774AA7B65**

Amount of Each Receipt this Period  
20.00

**B. Ms. Theresa Jakubick**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014  
**Transaction ID : AC6625904488C4299956**

Amount of Each Receipt this Period  
20.00

**C. Dina L. Johnson**  
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 Assistant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014  
**Transaction ID : A80CE52F2C2C04C1F92F**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<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 34 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Amy R. Johnson PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 197

City Finley	State ND	Zip Code 58230-0197
----------------	-------------	------------------------

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

Name of Employer Steele Traill County Mutual Insurance	Occupation Manager/Treasurer
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.34**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

**Transaction ID : AB8F6CC7FC3DC42C5927**

Amount of Each Receipt this Period  

111.11
--------

**B. Mr. Rick Jones**  
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 Executive Vice President, COO & Presid
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

**Transaction ID : A3CF068BF062649A0AD3**

Amount of Each Receipt this Period  

42.00
-------

**C. Mr. Rick Jones**  
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 Executive Vice President, COO & Presid
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

**Transaction ID : A3DAA20BC083F42ED986**

Amount of Each Receipt this Period  

42.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>195.11</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 35 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. 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 ▼ **590.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : AD608695F85CB445A891**

Amount of Each Receipt this Period  

45.46
-------

**B. 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  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : AA3C50F6F7DAE440A96A**

Amount of Each Receipt this Period  

45.46
-------

**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 ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : A9792949058294CF9A58**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 36 OF 91
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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

A. Ms. Pamela J. Keeney
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 355.00

Date of Receipt 06 / 27 / 2014
Transaction ID : AD0C149BBB5E5496B95E
Amount of Each Receipt this Period 15.00

B. Mr. Frank P. Kellner III
Mailing Address 200 N Main St
City Bel Air State MD Zip Code 21014-3544
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 263.86

Date of Receipt 06 / 02 / 2014
Transaction ID : A44F1586938B441A0BB9
Amount of Each Receipt this Period 41.66

C. Ms. Jami Kelly
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-0001
FEC ID number of contributing federal political committee. C
Name of Employer Frankenmuth Mutual Insurance Company Occupation Director, Commercial Lines Underwritin
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 468.00

Date of Receipt 06 / 06 / 2014
Transaction ID : AE77D43F6141C4E7E8B1
Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional) 95.66
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 37 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Jami Kelly**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Director, Commercial Lines Underwritin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
06 / 20 / 2014  
**Transaction ID : A2EF47FD0157A46508EF**  
Amount of Each Receipt this Period  
39.00

**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 ▼ 270.00

Date of Receipt  
06 / 04 / 2014  
**Transaction ID : A5DF23AE804124871B00**  
Amount of Each Receipt this Period  
45.00

**C. 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 ▼ 450.00

Date of Receipt  
06 / 04 / 2014  
**Transaction ID : A5D6AFFA8A6A64DE3869**  
Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 159.00  
**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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt **06 / 06 / 2014**

**Transaction ID : AD2CA81F161B3467A9F3**

Amount of Each Receipt this Period **38.00**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : AE6442AB350EF4826AFF**

Amount of Each Receipt this Period **38.00**

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

Mailing Address PO Box 40

City Norwich State CT Zip Code 06360-0040

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt **06 / 02 / 2014**

**Transaction ID : ADF7EDABE8A6D4842A25**

Amount of Each Receipt this Period **235.00**

**SUBTOTAL** of Receipts This Page (optional)..... **311.00**

**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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Theresa 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 **282.30**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : A3BCB67278BF540BD97F**  
 Amount of Each Receipt this Period **41.66**

**B. Mr. Jeffrey Lopata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Manager - Commercial Lines E-Business  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : A60062C6C54584192BF1**  
 Amount of Each Receipt this Period **40.00**

**C. Mr. Jeffrey Lopata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Manager - Commercial Lines E-Business  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **336.94**

Date of Receipt **06 / 27 / 2014**  
**Transaction ID : A45D922BD84964A76A41**  
 Amount of Each Receipt this Period **76.94**

**SUBTOTAL** of Receipts This Page (optional)..... **158.60**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Tim Lynch**  
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 ▼ 250.02

Date of Receipt 06 / 04 / 2014  
**Transaction ID : A08D7AB6DBA9C4ACAB8**

Amount of Each Receipt this Period 41.67

**B. 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 Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : A5F06B765BE414351885**

Amount of Each Receipt this Period 100.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 06 / 2014  
**Transaction ID : A42B04CE89DD9425C861**

Amount of Each Receipt this Period 38.47

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.14

**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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Phil McCain**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		20		2014

**Transaction ID : A16A6C7E34B0D4045B74**

Amount of Each Receipt this Period  
38.47

**B. Mr. Robert McDorman**  
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
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		02		2014

**Transaction ID : A624E6C3FAFD6458ABD6**

Amount of Each Receipt this Period  
100.00

**C. Ms. Sherry L. McKenzie AAM, AIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		04		2014

**Transaction ID : A570F0F16D2854DC1963**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	213.47
<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 91
<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. John McLaughlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2300 Garden Rd  
City Monterey State CA Zip Code 93940-5326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer California Capital Insurance Company Occupation Director - Field Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2014  
**Transaction ID : A61A491CB80664DD38BB**  
Amount of Each Receipt this Period  
250.00

**B. Mr. Brian S. McLeod**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2014  
**Transaction ID : A3C34E2D086CB477C8AE**  
Amount of Each Receipt this Period  
38.50

**C. Mr. Brian S. McLeod**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2014  
**Transaction ID : A513B82A9F59043B28BD**  
Amount of Each Receipt this Period  
38.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	327.00
<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 43 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Mark McWethy CPA, CPCU**  
 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : AD226153070C0405EBDB**

Amount of Each Receipt this Period  
 500.00

**B. Mr. Albert Mezzanotte Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3544
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : AC543082F7FD44FECB13**

Amount of Each Receipt this Period  
 100.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : AAEDFD0CFC04C44578E6**

Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.00
<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 44 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David Middleton</b>		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AA4F9215DECAD4999B88</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Finance	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Middleton</b>		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A5BF4EF759A614606A82</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Mutual Insuran	Vice President - Finance	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="560.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. John C. Mitchell</b>		Date of Receipt
Mailing Address 1 Preferred Way		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
New Berlin	NY	13411-1896
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A773CF7DD7DC940C796D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Preferred Mutual Insurance Company	Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="580.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91
	<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. 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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : A8505348D761147FB8E6**

Amount of Each Receipt this Period  

45.00
-------

**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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : A386D65BFA58740D7A0B**

Amount of Each Receipt this Period  

45.00
-------

**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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A5E9D1E93CAB44D1C98B**

Amount of Each Receipt this Period  

45.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</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 46 OF 91
<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. William W. Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Insurance Sq  
 City Celina State OH Zip Code 45822-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Celina Mutual Insurance Company Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : AB95977EB77954A338B8**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Dennis Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360-0040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : A23020FB5E4E044289AD**  
 Amount of Each Receipt this Period  
 235.00

**C. Duc Ngo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City Norwich State CT Zip Code 06360-0040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New London County Mutual Insurance Com Occupation Assistant Vice President of IT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : AAFE6434CEA4C428F8EB**  
 Amount of Each Receipt this Period  
 235.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	720.00
<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 47 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert F. Ohler</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2014 <b>Transaction ID : A8EF809012D684921B3D</b>
Mailing Address 200 N Main St		Amount of Each Receipt this Period 83.34
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C		
Name of Employer Harford 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 ▼ 527.82	

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul Otto</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014 <b>Transaction ID : A0AA15F76546C406BA31</b>
Mailing Address PO Box 30660		Amount of Each Receipt this Period 50.00
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, Financial Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Francis Pandolfi</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2014 <b>Transaction ID : A381EC177BDEA444BBE6</b>
Mailing Address PO Box 40		Amount of Each Receipt this Period 385.00
City Norwich	State CT	Zip Code 06360-0040
FEC ID number of contributing federal political committee. C		
Name of Employer New London County Mutual Insurance Com	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	518.34
<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 48 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. O. H. Parrish**  
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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : A5482612E25994FA4915**

Amount of Each Receipt this Period 250.00

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

Mailing Address PO Box 40

City Norwich State CT Zip Code 06360-0040

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

Name of Employer New London County Mutual Insurance Com Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : AFA7C816D05564290AAC**

Amount of Each Receipt this Period 300.00

**C. Mr. John A. Paul PFMM, FMDC**  
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 ▼ 750.00

Date of Receipt 06 / 27 / 2014  
**Transaction ID : A42E13A26E99D426FA47**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Randall S. Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 N Branch Rd  
 City Cuba State NY Zip Code 14727-9290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegany Co-Op Insurance Company Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : A28A200FB4324437FADF**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Mary S. Pierce**  
 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 ▼ 272.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : ACE8E8EC7EFDA480DB63**  
 Amount of Each Receipt this Period  
 45.45

**C. 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 ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : AE87F699C3AF84FF59EF**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.45
<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 50 OF 91
	<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. Robert T. Ramsdell CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 40  
 City State Zip Code  
 Norwich CT 06360-0040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New London County Mutual Insurance Com Chairman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : AD37647AAB81B434FB5B**  
 Amount of Each Receipt this Period  
 385.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : A658DAC0EF2674ACD950**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Jonathan R. Riekse**  
 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 Senior Vice President, Personal Lines  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 498.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : ACB29653A5510452FA1E**  
 Amount of Each Receipt this Period  
 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	718.00
<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 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Director of Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.08

Date of Receipt 06 / 02 / 2014  
**Transaction ID : A0B61D74A71DE4F49AEE**

Amount of Each Receipt this Period 41.66

**B. Mr. L. Gerald Roach CPCU, FLMI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4027 Monument Ave

City Richmond State IN Zip Code 23230-3907

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 ▼ 1300.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : A0B369CA27EB7479384A**

Amount of Each Receipt this Period 210.00

**c. Spencer M. Roman ACAS, MAAA**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Maple Ave

City Harleysville State PA Zip Code 19438-2222

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

Name of Employer Harleysville Mutual Insurance Company Occupation Executive Vice President , Field Opera

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : AA0A01AE739FC4F5ABAE**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 351.66

**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 52 OF 91
	<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. Malcolm Rowland AIC, CPCU,**  
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-Reinsurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : A44BE25688EF943D5AC4**

Amount of Each Receipt this Period 500.00

**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 ▼ 270.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : A6DFBC6F986F546BB9C5**

Amount of Each Receipt this Period 45.00

**C. 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 ▼ 252.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : A4B41EBA02DF74C6A956**

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 587.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Judy Schumacher**  
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 Assistant Vice President, Administrati  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 229.13

Date of Receipt 06 / 12 / 2014  
**Transaction ID : A60DDC39FED644BF59B2**  
Amount of Each Receipt this Period 20.83

**B. Ms. Judy Schumacher**  
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 Assistant Vice President, Administrati  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 30 / 2014  
**Transaction ID : A7241D0893B7446EAACB**  
Amount of Each Receipt this Period 20.83

**C. Mr. Stephen Scott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : A961ECF721027482C97B**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 141.66  
**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 54 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Phyllis Senseman LUTCF</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		Transaction ID : <b>AF81ABF8AADCD4F95999</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.83"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	Vice President Marketing and Communica	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.13"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Phyllis Senseman LUTCF</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.		Transaction ID : <b>A28CC71344C3142A580F</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.83"/>
Name of Employer	Occupation	
CopperPoint Mutual Insurance Company	Vice President Marketing and Communica	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Kent B. Shantz</b>		Date of Receipt
Mailing Address PO Box 5626		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Rockford	IL	61125-0626
FEC ID number of contributing federal political committee.		Transaction ID : <b>AF12040A5D13145EB9C4</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	
Rockford Mutual Insurance Company	COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="468.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="119.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Martin Shapiro</b>		Date of Receipt
Mailing Address PO Box 40		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Norwich	CT	06360-0040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFDD7680627334F1382C</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
New London County Mutual Insurance Com	Director	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. William D. Sheldon</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFF660F1E8E5B4357B78</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company	General Counsel and Chief Compliance O	<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="229.13"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. William D. Sheldon</b>		Date of Receipt
Mailing Address 3030 N 3rd St		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85012-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : ABCAD548374BD4D199F8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CopperPoint Mutual Insurance Company	General Counsel and Chief Compliance O	<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.96"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="441.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gregory Shell**  
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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : A2870B388FB87423090D**

Amount of Each Receipt this Period 50.00

**B. Mr. Christopher G. Shipe CPCU, AIT**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

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

Name of Employer Loudoun Mutual Insurance Company Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 27 / 2014  
**Transaction ID : A38701C68EBFD41CE8E3**

Amount of Each Receipt this Period 100.00

**C. Mr. Dwight Shore**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 217

City Marshall State IL Zip Code 62441-0217

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

Name of Employer Marshall Mutual Insurance Company Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : AE924C3783F2E4ABE887**

Amount of Each Receipt this Period 250.00

**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 57 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Donald A. Smith Jr.**  
 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 President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 06 / 12 / 2014  
**Transaction ID : A18C726C1606A47AD9EA**  
 Amount of Each Receipt this Period 105.00

**B. Mr. Donald A. Smith Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CopperPoint Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : A89128F4C96C04E1B99F**  
 Amount of Each Receipt this Period 105.00

**C. Ms. Abigail Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Mutual Insurance Company Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : A394FBF2007CF4B2EAF6**  
 Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John K. Smith CRM, CIC,**  
Mailing Address 1 Commerce Sq

City Philadelphia	State PA	Zip Code 19103-7042
FEC ID number of contributing federal political committee. C		
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 ▼ 385.00	

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : A9FD394B92A084B7BAC4**

Amount of Each Receipt this Period  
285.00

**B. Mr. Franklin P. Smith Jr.**  
Mailing Address PO Box 40

City Norwich	State CT	Zip Code 06360-0040
FEC ID number of contributing federal political committee. C		
Name of Employer New London County Mutual Insurance Com	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Date of Receipt  
06 / 02 / 2014  
**Transaction ID : A085B8EA7262A46FC9FF**

Amount of Each Receipt this Period  
385.00

**C. Ms. Irica Solomon**  
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 Vice President of Federal and Politica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.98	

Date of Receipt  
06 / 12 / 2014  
**Transaction ID : AD92B2AEB187746BABBA**

Amount of Each Receipt this Period  
45.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	715.46
<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 59 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Irica Solomon**  
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 Vice President of Federal and Politica
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **636.44**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

**Transaction ID : AA083DC1EAB7845A8957**

Amount of Each Receipt this Period  

45.46
-------

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

Mailing Address PO Box 30660

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

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) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

**Transaction ID : A8FA616D2D2B246C8858**

Amount of Each Receipt this Period  

50.00
-------

**C. Mr. John R. Spielberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3544
-----------------	-------------	------------------------

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

Name of Employer Harford Mutual Insurance Company	Occupation Executive Vice President & General Cou
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **527.82**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

**Transaction ID : A6DE904192DBA480E8EE**

Amount of Each Receipt this Period  

83.34
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>178.80</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 60 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. 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. C		
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 ▼ 260.00	

Date of Receipt  
06 / 12 / 2014  
Transaction ID : A330EFFF1D90A4EA99C7  
Amount of Each Receipt this Period  
20.00

**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. C		
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 ▼ 280.00	

Date of Receipt  
06 / 27 / 2014  
Transaction ID : A23AEC85F543D40AAC0  
Amount of Each Receipt this Period  
20.00

**C. Mr. Robert H. Steele**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 40

City Norwich	State CT	Zip Code 06360-0040
FEC ID number of contributing federal political committee. C		
Name of Employer New London County Mutual Insurance Com	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Date of Receipt  
06 / 02 / 2014  
Transaction ID : AA948B1EAC9FB47D9B74  
Amount of Each Receipt this Period  
385.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<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 61 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Kevin Steiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 S 18th Ave  
 City West Bend State WI Zip Code 53095-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Bend Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : A9E277CD3B3834CF88AF**  
 Amount of Each Receipt this Period  
 200.00

**B. Mr. Paul O. Stillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Vice Chairman of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : AE5A1DC74582E48BFA34**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Robert G. Street AIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Ames St  
 City Dedham State MA Zip Code 02026-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norfolk & Dedham Mutual Fire Insurance Occupation NE Casualty Claims Division Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : AC049D5DE5ED545CAAA9**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

City Indianapolis	State IN	Zip Code 46268-0700
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 ▼ 1249.95	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014  
**Transaction ID : A4C42B37B31874EE8A40**

Amount of Each Receipt this Period  
96.15

**B. Mr. Tim F. Sullivan RPLU**  
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 ▼ 1346.10	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014  
**Transaction ID : A64B06B38AEBB468EA70**

Amount of Each Receipt this Period  
96.15

**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 ▼ 532.63	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014  
**Transaction ID : AD6F917FED74B469F923**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.30
<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 63 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **572.63**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A7803D357A7A1475D8CB**

Amount of Each Receipt this Period  

100.00
--------

**40.00**

**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) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : A9C92EDC0E8AD4B3A8CF**

Amount of Each Receipt this Period  

100.00
--------

**C. Mr. Paul Tetrault**  
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 State & Policy Affairs Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : AD3842299225D4051802**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>160.00</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 64 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Date of Receipt  
**06 / 27 / 2014**  
**Transaction ID : A4270F58FE961453CA1E**

Amount of Each Receipt this Period  
**200.00**

**B. 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. <b>C</b>		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President of Human Resourc	
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  
**06 / 04 / 2014**  
**Transaction ID : AC5A81CE135DD4048A4A**

Amount of Each Receipt this Period  
**50.00**

**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. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>520.00</b>	

Date of Receipt  
**06 / 12 / 2014**  
**Transaction ID : A12C77316B6D34419B2C**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</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 65 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. 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 **06 / 27 / 2014**

**Transaction ID : A96C90F9682E34F1EB77**

Amount of Each Receipt this Period **40.00**

**B. Mr. Gary W. Thompson CPCU, CIC**  
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 ▼ **1200.00**

Date of Receipt **06 / 05 / 2014**

**Transaction ID : A33CCBFBB10E14FE39CF**

Amount of Each Receipt this Period **200.00**

**C. Mr. Randall Trinklein**  
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt **06 / 06 / 2014**

**Transaction ID : AFF21B0FE2EAE471EB23**

Amount of Each Receipt this Period **39.00**

**SUBTOTAL** of Receipts This Page (optional)..... **279.00**

**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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Randall Trinklein**  
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : A330B341352AA4463900**

Amount of Each Receipt this Period **39.00**

**B. Mrs. Ellen S. Truant**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **263.86**

Date of Receipt **06 / 02 / 2014**

**Transaction ID : A7240EFC54A5E4963A64**

Amount of Each Receipt this Period **41.66**

**C. Ms. Sandra Turner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Garden Rd

City Monterey State CA Zip Code 93940-5326

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

Name of Employer California Capital Insurance Company Occupation Claim Services Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 19 / 2014**

**Transaction ID : A16D460EB05DA41D8BE8**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **330.66**

**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 67 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Aaron J. Valentine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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 ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : A4A326C2C99FE4AFB895**

Amount of Each Receipt this Period  

80.00
-------

**B. Mr. Aaron J. Valentine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : A4214593C361E40C28CF**

Amount of Each Receipt this Period  

80.00
-------

**C. Mr. James J. Walsh Jr.**  
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-Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : A159868C899894B3FBF7**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</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 68 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Ian R. Ward**  
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, Investments and

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : AEF47DBD34CB45F987C**

Amount of Each Receipt this Period 50.00

**B. Mr. Mark Wenger**  
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 and Chief P&C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : AFC2C75B855A14624B92**

Amount of Each Receipt this Period 84.00

**C. Mr. Richard T. Wheeler**  
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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : A67F9ADDBCFCB34DBAA92**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 384.00

**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 69 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Noel A. Williams**  
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 Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt 06 / 12 / 2014  
**Transaction ID : A4F5C697916A548F7955**

Amount of Each Receipt this Period 20.83

**B. Mr. Noel A. Williams**  
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 Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 30 / 2014  
**Transaction ID : ABEF985423110458B9A8**

Amount of Each Receipt this Period 20.83

**C. Mr. John F. Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 8888 Keystone Crossing Ste 250

City Indianapolis State IN Zip Code 46240

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

Name of Employer Indiana Lumbersmens Mutual Insurance Co Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2014  
**Transaction ID : A9D6078EF16B448C1937**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.66

**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 70 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. 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, Assoc. Secretary & Assoc. General  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **504.00**

Date of Receipt **06 / 04 / 2014**  
**Transaction ID : A6A40F53E8F7B496C9A8**  
 Amount of Each Receipt this Period **84.00**

**B. Mr. Coleman Wortham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4001 Fitzhugh Ave  
 City Richmond State VA Zip Code 23230-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Assurance Society of Virginia Occupation Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : A0FDE3B5C9BC34838906**  
 Amount of Each Receipt this Period **250.00**

**c. Mr. Jeffrey S. Wrobel SR, CPC, A**  
 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 **250.30**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : A9A9BD25627F94170B9C**  
 Amount of Each Receipt this Period **41.66**

**SUBTOTAL** of Receipts This Page (optional)..... **375.66**  
**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 71 OF 91  
(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
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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  
 06 / 16 / 2014  
**Transaction ID : A5D938AC2ADB94D2F829**

Amount of Each Receipt this Period  
 1000.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27083.59

**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 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Grange Mutual Casualty Company PAC**

Mailing Address 671 South High Street  
PO Box1218

City Columbus State OH Zip Code 43216

FEC ID number of contributing federal political committee. **C** C00302695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2014

**Transaction ID : AF752FF87D25A4FE2A59**

Amount of Each Receipt this Period  
4000.00

Full Name (Last, First, Middle Initial)  
**B. Secura Insurance a Mutual Company PAC (SECURA INS PAC)**

Mailing Address 2401 S. Memorial Drive

City Appleton State WI Zip Code 54915

FEC ID number of contributing federal political committee. **C** C00343384

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : A120C761368A248879FC**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 73 OF 91	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. 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.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AD9BA5D7B320E4BCB952**

Amount of Each Receipt this Period

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.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="261.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="261.50"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : BD839C02668DF4AAB84A**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : B199CD2D0C4A04C85823**

Amount of Each Disbursement this Period

47.13

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 Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : BCA5AFE9A84144345A87**

Amount of Each Disbursement this Period

119.37

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

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

174.45

174.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Ann L. Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B493AD63331BE4F30B52**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BEN SASSE FOR US SENATE INC**

Mailing Address 105 EAST 6TH STREET

City FREMONT State NE Zip Code 68025

Purpose of Disbursement  
Political Contribution

Candidate Name

**Benjamin E Sasse**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : BFD8214412D4A4CFA980**

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. BILL FOSTER FOR CONGRESS**

Mailing Address P.O. BOX 9104

City AURORA State IL Zip Code 60598

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Bill Foster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B2FC8B6B4FAA345CC9CF**

Amount of Each Disbursement this Period

1	5	0	0
---	---	---	---

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

3	0	0	0
---	---	---	---

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

3	0	0	0
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS FOR GREGORY MEEKS**

Mailing Address 153-01 JAMAICA AVE. SUITE 535

City JAMAICA State NY Zip Code 11432

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Gregory W. Meeks**

Office Sought:  House  
 Senate  
 President  
State: NY District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2014			

Transaction ID : **BB32B39F88ABB459F9FD**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DENNIS ROSS**

Mailing Address 133 SOUTH HARBOR DRIVE

City Venice State FL Zip Code 34285-2214

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Dennis A. Ross**

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2014			

Transaction ID : **B1D90E3520AE746DAA54**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement  
Political Contribution

Candidate Name

**John H Kingston SR**

Office Sought:  House  
 Senate  
 President  
State: GA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

Transaction ID : **B3989DEEA659341CCAC6**

Amount of Each Disbursement this Period

3000.00
---------

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

5500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Jeb Hensarling**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

**Transaction ID : B735EBD1CC03543A2A4E**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Kelly A. Ayotte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

**Transaction ID : BA2CD75560744433EBA4**

Amount of Each Disbursement this Period

2,000.00
----------

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Pat J. Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

**Transaction ID : B7E337550BCF74F18AF2**

Amount of Each Disbursement this Period

2,500.00
----------

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

9500.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Pat J. Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B70511F522B66448CAB7**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9333 N MERIDIAN STREET  
SUITE 230

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Susan W. Brooks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B04945FCF66764C02B45**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. GOP GENERATION Y FUND**

Mailing Address PO BOX 9055

City Peoria State IL Zip Code 61612-9055

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B415A786DD25E4678B2C**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. HORSFORD FOR CONGRESS**

Mailing Address 6100 ELTON AVE, SUITE 1000

City Las Vegas State NV Zip Code 89107-0123

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Steven A. Horsford**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : B6F3A7234B8C14392859**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : BAC21AF2A171740169A9**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. John Carney for Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. John C. Carney Jr.**

Office Sought:  House  
 Senate  
 President  
State: DE District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : BA1EBA400D534468AA9F**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Adam D. Kinzinger**

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : B050074F9FD814CA4B8C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Sen. Mark Steven Kirk**

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : BA0EAE27DBE2E4880938**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. LUKE MESSER FOR CONGRESS**

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Luke Messer**

Office Sought:  House  
 Senate  
 President  
State: IN District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : B9CF6A70FF90A4293B69**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Lynn M. Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : B7923E530E4034AF38BF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MIKE BISHOP FOR CONGRESS**

Mailing Address PO BOX 1148

City BRIGHTON State MI Zip Code 48116

Purpose of Disbursement

Candidate Name

**Michael D Bishop**

Office Sought:  House  
 Senate  
 President  
State: MI District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : B24AA1B3B2BE748BEBA9**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MULVANEY FOR CONGRESS**

Mailing Address P.O. BOX 1975

City LANCASTER State SC Zip Code 29721

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mick Mulvaney**

Office Sought:  House  
 Senate  
 President  
State: SC District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : BDE2529F98EBE4604BE5**

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Randy Neugebauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : BE0584087FA4B4CE3B00**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. NEW PAC**

Mailing Address P.O. BOX 7480

City Visalia State CA Zip Code 93290-7480

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B801C9D969AA54ED9AEF**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. ROUNDS FOR SENATE**

Mailing Address PO BOX 250

City PIERRE State SD Zip Code 57501

Purpose of Disbursement  
Political Contribution

Candidate Name

**Marion Michael Rounds**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B7E1257D6504D43AF9D0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Schock for Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Aaron J. Schock**

Office Sought:  House  
 Senate  
 President  
State: IL District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : B894733206B2646A1985**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City Newburgh State NY Zip Code 12551-0270

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Sean P. Maloney**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : B82766325A01D4D88934**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. STUTZMAN FOR CONGRESS**

Mailing Address PO BOX 129

City Howe State IN Zip Code 46746-0129

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Marlin A. Stutzman**

Office Sought:  House  
 Senate  
 President  
State: IN District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : BAA3A4936BAA14930A46**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

### A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : B37C86DA713AB491C897**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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54500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. B.J. Pak for State House**

Mailing Address 1034 Morgan Garner Drive

City Lilburn State GA Zip Code 30047-5478

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : BE95FA93C805740E68A6**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bethel for Georgia Senate**

Mailing Address 1701 Briarcliff Circle

City Dalton State GA Zip Code 30720-5184

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : BE1C33D215D6845D086C**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Butch Miller**

Mailing Address P.O. Box 7475

City Chestnut Mountain State GA Zip Code 30502-0475

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : B29B053EEAF6B4597ABA**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Howard Maxwell**

Mailing Address 716 Graham Road

City Dallas State GA Zip Code 30132-7469

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : BEBB05DC56BFD44339CA**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Committee to Elect Josh McKoon**

Mailing Address P.O. Box 2565

City Columbus State GA Zip Code 31902-2565

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : B19D15BF15FF64C4B8AA**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Committee to Elect Renee Unterman**

Mailing Address Post Office Box 508

City Buford State GA Zip Code 30515-0508

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : B5E9AB593321B414497D**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Richard Smith**

Mailing Address Post Office Box 2122

City Columbus State GA Zip Code 31902-2122

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : B4CA097A6141B4B0AA1C**

Amount of Each Disbursement this Period

500.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Tom Rice**

Mailing Address 11213 Brookhaven Club Drive

City Johns Creek State GA Zip Code 30097

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : BCA9C1BEB7F2942A0BE7**

Amount of Each Disbursement this Period

500.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Carolyn Hugley**

Mailing Address P.O. Box 6342

City Columbus State GA Zip Code 31917-6342

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : BDB1F392B5CD24489A70**

Amount of Each Disbursement this Period

500.00
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Category/  
Type

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

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

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Re-Elect John Meadows**

Mailing Address 110 Victory Court

City Calhoun State GA Zip Code 30701-2457

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : B76DDC30B39E5477390B**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. David Shafer Senate Committee**

Mailing Address Post Office Box 880

City Duluth State GA Zip Code 30096

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : B7104FC81746D419E8FB**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Rich Golick**

Mailing Address 2372 Simpson Farm Way

City Smyrna State GA Zip Code 30080-4626

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : B1F7792ADA26645A3B41**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Wendell Willard**

Mailing Address 755 River Gate Drive

City Sandy Springs State GA Zip Code 30350-4621

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : B779B41CE7C594F229E6**

Amount of Each Disbursement this Period

500.00

**B. Friends to Elect Burt Jones**

Full Name (Last, First, Middle Initial)

Mailing Address 407 East Second St.

City Jackson State GA Zip Code 30233-2035

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : BC65FBC0502B74DFDAFA**

Amount of Each Disbursement this Period

500.00

**C. Jay Shaw Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 39 Valdosta Road

City Lakeland State GA Zip Code 31635-6652

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : BB3A262AB5A8D4F9DA01**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ralston for Representative Committee**

Mailing Address Post Office Box 188

City Blue Ridge State GA Zip Code 30513-0004

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : B0815EA5D44534638BD4**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Wilborn for Senate**

Mailing Address 1504 Heritage Place

City McPherson State KS Zip Code 67460-2123

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : BCBFEF4E0875C451DAA3**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2000.00
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9500.00
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