11/25/2009 11:02

Image# 29935522514

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Mutual Insurance Companies PAC 3601 Vincennes Road ADDRESS (number and street) PO Box 68700 Check if different than previously Indianapolis IN 46268 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00170258 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 2009 12 08 MA Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 2009 11 18 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Gregg Dykstra Type or Print Name of Treasurer Electronically Filed by Gregg Dykstra 11 25 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 186

Write or Type Committee Name National Association of Mutual Insurance Companies PAC

FEC Form 3X (Rev. 02/2003)

D D 07 0 1 2009 18 2009 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 31031.58 January 1 (b) Cash on Hand at 69261.06 Begining of Reporting Period 98318.68 233900.43 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 167579.74 264932.01 6(a) and 6(c) for Column B) 80500.57 177852.84 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 87079.17 87079.17 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 186

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

0 7 0 1

2009

To:

м°м 1 1 D D 18

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	70741.74	153209.92
(ii) Unitemized	18542.00	49118.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	89283.74	202328.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	8000.00	30500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	97283.74	232828.88
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
Other Federal Receipts(Dividends, Interest, etc.)	34.94	71.55
. 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98318.68	233900.43
. Total Federal Receipts (subtract Line 18(c) from Line 19)	98318.68	233900.43

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 186

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	6500 57	7070.94
	Expenditures	6520.57	7272.84
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	6520.57	7272.84
22.	Transfers to Affiliated/Other Party		
2	Committees Contributions to	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	73500.00	169000.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	100.00	17000
	Than Political Committees	480.00	1580.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	480.00	1580.00
	(455 = 1100 = 5 (4), (5), 4114 (6), 1111111		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	80500.57	177852.84
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	80500.57	177852.84

DETAILED SUMMARY PAGE

of Disbursements

	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)	97283.74	232828.88
34.	Total Contribution Refunds (from Line 28(d))	480.00	1580.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	96803.74	231248.88
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6520.57	7272.84
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	6520.57	7272.84

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General	State Zip Code OH 44820-0111 C Occupation Aggregate Year-to-Date 333.40	Date of Receipt M M D D 2009 Transaction ID: CB541BB92BB1FC9BE Amount of Each Receipt this Period 33.34
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Com-	State Zip Code OH 44820-0111 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ohio Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Todd E. Albert	Aggregate Year-to-Date ▼ 333.40	Date of Receipt
Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee.	State Zip Code OH 44820-0111 C Occupation	Transaction ID: F61E191FC414ACA2D Amount of Each Receipt this Period 33.34
Name of Employer Ohio Mutual Insurance Company Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.40	
SUBTOTAL of Receipts This Page (optional	J)	100.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to a urance Companies PAC	
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111 C Occupation Aggregate Year-to-Date 333.40	Date of Receipt M M J 2009 Transaction ID: 401D25528662ECFF70 Amount of Each Receipt this Period 33.34
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company	State Zip Code OH 44820-0111 C Occupation	Date of Receipt M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	Aggregate Year-to-Date 333.40 State Zip Code IN 46268-0700	Date of Receipt O 7 O 6 Transaction ID: 4F9002B94516E21A87 Amount of Each Receipt this Period 39.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	105.68

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal statements and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date	Date of Receipt O 7
– В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700		Date of Receipt 0 7
	City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date	Transaction ID: E5E6DC67FE94B5BFDDE Amount of Each Receipt this Period 39.00
_ С.	Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date	Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)	•	117.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any person the name and address of any political committee to a sance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	117.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 186 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any person the name and address of any political committee to a rance Companies PAC	
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	Date of Receipt M M M / D D D 2 2 0 0 9 Transaction ID: 35696E5ABA83FA312E0 Amount of Each Receipt this Period 39.00
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	Date of Receipt M M D D 27 2009 Transaction ID: B0ED74E14E9ABD19E80 Amount of Each Receipt this Period 39.00
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President of State and Regulator Aggregate Year-to-Date 1257.00	Date of Receipt M M D D 2 0 0 9
SUBTOTAL of Receipts This Page (optional)	117.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
National Association of Mutual Ins	urance companies PAC	
Full Name (Last, First, Middle Initial) Diane Allen		Date of Receipt
Mailing Address 6101 Anacapri Bou	ulevard	08 31 2009
City	State Zip Code	Transaction ID: BE6BEDE0C0D84AC4
Lansing	MI 48917-3968	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Vice President-Personnel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Diane Allen		Date of Receipt
Mailing Address 6101 Anacapri Bou	ılevard	10 06 7 9 9
City	State Zip Code	Transaction ID: B3F146CD71244F691
<u>Lansing</u>	MI 48917-3968	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Vice President-Personnel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Diane Allen	L	Date of Receipt
Mailing Address 6101 Anacapri Bou	ulevard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 200211253BCB6D0EF
Lansing	MI 48917-3968	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Personnel	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	290.00	
		90.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) onal Association of Mutual Insurar	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Antho Mailin City San FEC feder Nam Generation	Asime (Last, First, Middle Initial) ony Anastanio ag Address 350 California Street Suite 2100 Francisco ID number of contributing al political committee. e of Employer eral Reinsurance Corponicipt For: Primary General Other (specify)		Zip Code 94104-1409 n gion Manager e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bart A Mailin City India FEC feder Nam Natic Mutu	Name (Last, First, Middle Initial) Anderson ng Address PO Box 68700 anapolis ID number of contributing al political committee. e of Employer onal Association of all Insuran sipt For: Primary General Other (specify)		Zip Code 46268-0700	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Gity India FEC feder Nam Natic	Name (Last, First, Middle Initial) Anderson ng Address PO Box 68700 anapolis ID number of contributing al political committee. e of Employer onal Association of all Insuran eipt For: Primary General Other (specify)	. '	Zip Code 46268-0700 n P - Member Services & Com e Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	OTAL of Receipts This Page (optional)			1040.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 186 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to transce Companies PAC	
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700 City Indianapolis	State Zip Code IN 46268-0700	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Senior VP - Member Services & Com Aggregate Year-to-Date 460.00	20.00
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify) ▼	Occupation Senior VP - Member Services & Com Aggregate Year-to-Date 460.00	umunic
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Indianapolis FEC ID number of contributing federal political committee.	IN 46268-0700	Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Senior VP - Member Services & Com Aggregate Year-to-Date ▼ 460.00	imunic
SUBTOTAL of Receipts This Page (optional)		60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 186 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n P - Member Services & Com e Year-to-Date ▼ 460.00	Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n P - Member Services & Com e Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	- 	Zip Code 46268-0700 n P - Member Services & Come Year-to-Date ▼ 460.00	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)	•		60.00

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpos NAME OF COMMIT	ses, other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, Firs Bart Anderson Mailing Address Both Both Bart Anderson Mailing Address Both Bart Anderson Mailing Address Both Bart Anderson FEC ID number of confederal political commodulation and Particular Association Mutual Insuran Receipt For: Primary Other (specify)	ox 68700 State IN ontributing iittee. C Occupatic Senior V Aggregate Aggregate	Zip Code 46268-0700 on /P - Member Services & Come e Year-to-Date ▼ 460.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Firs Bart Anderson Mailing Address Both Indianapolis FEC ID number of confederal political communication Mame of Employer National Association Mutual Insuran Receipt For: Primary Other (specify)	ox 68700 State IN IN Occupation Senior V Aggregate Aggregate	Zip Code 46268-0700 on (P - Member Services & Com e Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Firs John B. Arbuckle, Jr., of Mailing Address Post Post Post Post Post Post Post Po	State WV ontributing inittee. C Occupatic Secretar Aggregate General	Zip Code 24901-0589 on y-Treasurer/Chairman e Year-to-Date ▼ 3000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipt	s This Page (optional)		3040.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Herman J. Arends Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Chairman Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gordon P. Assad Mailing Address PO Box 9062 City Williamsville FEC ID number of contributing federal political committee. Name of Employer Erie & Niagara Insurance Association Receipt For: Primary General Other (specify)	State Zip Code NY 14231-9062 C Occupation President & CEO Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) W. Kim Austen Mailing Address PO Box 974 City Des Moines FEC ID number of contributing federal political committee. Name of Employer ALLIED Property and Casualty Insurance Receipt For: Primary General Other (specify)	State Zip Code IA 50306-0974 C Occupation President Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any personal statements and address of any political committee to ance Companies PAC	
Full Name (Last, First, Middle Initial) Lisa M. Ayotte Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Aggregate Year-to-Date 235.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lisa M. Ayotte Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Aggregate Year-to-Date 235.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Baes Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Regional Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		400.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Check only one)
ny information copied from such Reports an r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any the name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
National Association of Mutual Insu	rance Companies PAC	
Full Name (Last, First, Middle Initial) Roger Ballard, CPA		Date of Receipt
Mailing Address PO Box 618		07 15 2009
City Columbia	State Zip Code MO 65205-0618	Transaction ID: 0898095D9231D310/ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Columbia Mutual Insurance	Occupation Senior Vice President/Treasurer	<u>-</u>
Company Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.0	0
Full Name (Last, First, Middle Initial) Tommy Barre		Date of Receipt
Mailing Address 500 US Highway 77	'a S	08 18 YYYY 08 18 2009
City	State Zip Code	Transaction ID: 20581E7044988A02E
Yoakum	TX 77995-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hochheim Prairie Farm Mut- ual Insurance	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.0	0
Full Name (Last, First, Middle Initial) John S. Benson	l	Date of Receipt
Mailing Address One Mutual Avenue		07
City	State Zip Code	Transaction ID: DBDCF0C064024978
Frankenmuth	MI 48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.39
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation President & COO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2653.9	7
	l)	615.39

	E A (FEC Form 3X RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	-	PAGE 20 / 186 11c 12 15 16 17
or for commercia	copied from such Reports and al purposes, other than using t OMMITTEE (In Full) ssociation of Mutual Insur	he name and ad	y not be sold or used by any pers dress of any political committee t	on for the purp o solicit contrib	pose of soli	citing contributions n such committee.
A. John S. Bensor Mailing Addre	or of contributing al committee.	State MI C Occupation Presiden Aggregate		0 7	tion ID:	
B. John S. Bensor Mailing Addre	or of contributing al committee.	State MI C Occupation Presiden Aggregate		0 7	ction ID: (
C. John S. Bensor Mailing Addre	or of contributing al committee.	State MI C Occupation Presiden Aggregate		0 8	tion ID:	2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of	Receipts This Page (optional)					346.17

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for eac	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 21 / 186 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu		ld or used by any persor ny political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip C MI 4873 C Occupation President & COO Aggregate Year-to-D	4	Date of Receipt M M M / 26 / 2009 Transaction ID: 70E1C7613BC74B24B0 Amount of Each Receipt this Period 115.39
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip C MI 4873 C Occupation President & COO Aggregate Year-to-D	4	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip C MI 4873 C Occupation President & COO Aggregate Year-to-D	4	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	346.17

CHEDULE A (FEC Form 3) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports a r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee	
National Association of Mutual Ins	urance Companies PAC	
Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt
Mailing Address One Mutual Avenu	e 	10 09 2009
City Frankenmuth	State Zip Code MI 48734	Transaction ID: 27B37FE8116DC999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.39
Name of Employer Frankenmuth Mutual Insura-	Occupation President & COO	
nce Company Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2653.97	
Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt
Mailing Address One Mutual Avenu	е	10 23 YYYY 2009
City	State Zip Code	Transaction ID: BD949AF3A7665488
Frankenmuth	MI 48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.39
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation President & COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2653.97	
Full Name (Last, First, Middle Initial) John S. Benson		Date of Receipt
Mailing Address One Mutual Avenu	e	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 0315E0436742EB04
Frankenmuth	MI 48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.39
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation President & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2653.97	
	al)	346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Billingsly Mailing Address PO Box 452 City Franklin FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Insurance Company of Jo Receipt For: Primary General Other (specify)	State Zip Code IN 46131-0452 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M C D B C 2 0 0 9 Transaction ID: D24BFC72E4F454A0E Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial) Stuart R. Birn Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation First Vice President, Secretary & Gen Aggregate Year-to-Date 580.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stuart R. Birn Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation First Vice President, Secretary & Gen Aggregate Year-to-Date 580.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	435.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			
A .	Full Name (Last, First, Middle Initial) Stuart R. Birn Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48909-8160 on e President, Secretary & Ge e Year-to-Date ▼ 580.00	Date of Receipt 10 06 2009 Transaction ID: A17EB884A3EDA446FE Amount of Each Receipt this Period 60.00
В.	Full Name (Last, First, Middle Initial) Stuart R. Birn Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General	, '	Zip Code 48909-8160	Date of Receipt 10 30 2009 Transaction ID: 558343AB461B82FA08F Amount of Each Receipt this Period 60.00
_ C.	Other (specify) Full Name (Last, First, Middle Initial) John J. Bishop, Cpcu, Clu Mailing Address 471 East Broad Stree City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance	State OH C	Zip Code 43215-3842	Date of Receipt M M M
	Company Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	Aggregate	e Year-to-Date ▼ 2600.00	220.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any perso the name and address of any political committee to urance Companies PAC	
Full Name (Last, First, Middle Initial) Gina Boone Mailing Address PO Box 618 City Columbia FEC ID number of contributing federal political committee. Name of Employer Columbia Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MO 65205-0618 C Occupation General Counsel Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stephen F. Boyd Mailing Address 170 S Independenc the Curtis Center City Philadelphia FEC ID number of contributing federal political committee.	e Mall West State Zip Code PA 19106-3388 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Brian V. Boyden Mailing Address One State Farm Pla	aza, E-12	Date of Receipt 1 0 0 6 2 0 0 9
City Bloomington FEC ID number of contributing	State Zip Code L 61701-4366	Transaction ID: 26177A2753796522B0 Amount of Each Receipt this Period 1500.00
Name of Employer State Farm Mutual Automobile Insurance Receipt For: Primary General Other (specify)	Occupation Executive Vice President Aggregate Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (optional	l) >	2500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	_ <u> </u>	Zip Code 46268-0700 n ry Affairs Counsel Year-to-Date ▼ 287.50	Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	_ ' _ <u> </u>	Zip Code 46268-0700 n ry Affairs Counsel e Year-to-Date ▼ 287.50	Date of Receipt M M M / D D / Y Y Y Y Y O 9
- С.	Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	_ ' 	Zip Code 46268-0700 n ry Affairs Counsel Year-to-Date ▼ 287.50	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			37.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any pers the name and address of any political committee t rance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	State Zip Code IN 46268-0700 C Occupation Regulatory Affairs Counsel Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2 5 2 0 0 9 Transaction ID: B0806E1D0BB7F7E60 Amount of Each Receipt this Period 12.50
Primary General Other (specify) Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis	State Zip Code IN 46268-0700	Date of Receipt 10 13 2009 Transaction ID: 7785409859F1FF6CB0
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Regulatory Affairs Counsel Aggregate Year-to-Date 287.50	Amount of Each Receipt this Period 12.50
Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700	Date of Receipt M M M
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Regulatory Affairs Counsel Aggregate Year-to-Date ▼ 287.50	
SUBTOTAL of Receipts This Page (optional)	37.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	OR LINE NUMBER: PAGE 28 / 186 sheck only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any person for name and address of any political committee to solionice Companies PAC	r the purpose of soliciting contributions cit contributions from such committee.
Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Regulatory Affairs Counsel Aggregate Year-to-Date 287.50	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) Bob I. Buchanan Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Vice President-Applications Developmen Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Bob I. Buchanan Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Vice President-Applications Developmen Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	82.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any person e name and address of any political committee to nce Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Bob I. Buchanan Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Vice President-Applications Developm Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bob I. Buchanan Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Vice President-Applications Developm Aggregate Year-to-Date 360.00	Date of Receipt M M J D D J Z D Z D O D Z D D Z D D Z D D Z D D Z D D Z D D Z D D Z D D Z D D D Z D D Z D D Z D D Z D D D Z D
Full Name (Last, First, Middle Initial) Thaddeus J. Buda Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General	State Zip Code MI 48909-8160 C Occupation Director Aggregate Year-to-Date ▼	Date of Receipt M M O B O D O D O D O D O D O D O D O D O D
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number	·	580.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar			
A.	Full Name (Last, First, Middle Initial) Stephen Buell Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48909-8160 n t Vice President e Year-to-Date ▼ 220.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 073AF527E20CF10C98E Amount of Each Receipt this Period 20.00
Б.	Full Name (Last, First, Middle Initial) Richard Cagney Mailing Address 400 Linden Ave Ste 1 City Wilmette FEC ID number of contributing federal political committee. Name of Employer Cagney Network Receipt For: Primary General Other (specify)	State IL C Occupatio Principal Aggregate		Date of Receipt M M M D 29 29 2009 Transaction ID: 50364DB5329FC52B0B3 Amount of Each Receipt this Period 250.00
_ C.	Full Name (Last, First, Middle Initial) Richard Cagney Mailing Address 400 Linden Ave Ste 1 City Wilmette FEC ID number of contributing federal political committee. Name of Employer Cagney Network Receipt For: Primary General Other (specify)	State IL C Occupatio Principal Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 0
	SUBTOTAL of Receipts This Page (optional))	290.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 186 (check only one) X 11a
Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full) National Association of Mutual	using the name and ac	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Kevin Carson Mailing Address PO Box 452 City Franklin FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Insurance Company of Jo Receipt For: Primary General Other (specify)	State IN C Occupation Presider		Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial John S. Case Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State VA C Occupation Secretari	Zip Code 23230-0927 on ry/Treasurer e Year-to-Date ▼ 220.90	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial John S. Case Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State VA C Occupation Secretari	Zip Code 23230-0927 on ry/Treasurer e Year-to-Date ▼ 220.90	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		366.68

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any personal statements and address of any political committee to cance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General	State Zip Code IN 46268-0700 C Occupation President & CEO Aggregate Year-to-Date 3070.00	Date of Receipt M M M / D D G / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran	State Zip Code IN 46268-0700 C Occupation President & CEO	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 3070.00 State Zip Code IN 46268-0700 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation President & CEO Aggregate Year-to-Date 3070.00	270.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Transaction ID: 00A9948CC0F8565A17 Amount of Each Receipt this Period 90.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
3.	Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700			Date of Receipt 0 9 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code	Transaction ID: B245D902263B16FF45
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation President Aggregate		
-).	Full Name (Last, First, Middle Initial) Charles M. Chamness			Date of Receipt
	Mailing Address PO Box 68700			09 11 7 2009
	City	State	Zip Code	Transaction ID: B69E145DF527791BE3
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 90.00
	Name of Employer National Association of Mutual Insuran Receipt For:	Occupation President Aggregate		
_	Primary General Other (specify) ▼		3070.00	
	SUBTOTAL of Receipts This Page (optional)			270.00
	TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	nd Statements may not be sold or used by any persong the name and address of any political committee to urance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify)	State Zip Code IN 46268-0700 C Occupation President & CEO Aggregate Year-to-Date 3070.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation President & CEO Aggregate Year-to-Date 3070.00	Date of Receipt M M J D D J Z 2009 Transaction ID: 8A737F4D7AA4F284C8 Amount of Each Receipt this Period 90.00
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation President & CEO Aggregate Year-to-Date 3070.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	1180.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 0
- В.	Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation President Aggregate	Zip Code 46268-0700	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 2 0 0 9 Transaction ID: 4B564676A8A56E2D609 Amount of Each Receipt this Period 90.00
c .	Full Name (Last, First, Middle Initial) Steve H. Chevalier Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	. '	Zip Code 06360-0040 n sident and COO Year-to-Date 325.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8
	SUBTOTAL of Receipts This Page (optional)]	355.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 186 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Association of Mutual	rts and Statements may not be sold or used by any persusing the name and address of any political committee to Insurance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda Church Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 55943-0708 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Darwin G. Copeman, Cpcu Mailing Address PO Box 468 City Neenah FEC ID number of contributing federal political committee. Name of Employer Jewelers Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 54957-0468 C Occupation President & CEO Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Darwin G. Copeman, Cpcu Mailing Address PO Box 468 City Neenah FEC ID number of contributing federal political committee. Name of Employer Jewelers Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 54957-0468 C Occupation President & CEO Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (o	otional)	1050.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persue name and address of any political committee to		
Full Name (Last, First, Middle Initial) Gregg Cornell Mailing Address 6101 Anacapri Bouler City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company		Date of Receipt M M J Z 4 Z 0 0 9 Transaction ID: C5323F50110C510F7 Amount of Each Receipt this Period 500.00	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Connie Costigan Mailing Address PO Box 597		Date of Receipt 1 0 2 7 2 0 0 9	
City	State Zip Code	Transaction ID: D7DBF5844BD39BC5	
Warrensburg	MO 64093-0597	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer Central Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Secretary/Manager Aggregate Year-to-Date 270.00		
Full Name (Last, First, Middle Initial) David Cote		Date of Receipt	
Mailing Address 222 Ames Street		08 / 26 / Y Y Y Y Y Y	
City Dedham	State Zip Code MA 02026-1850	Transaction ID: 1FB8EA434AB8C00D	
FEC ID number of contributing federal political committee.	MA 02026-1850	Amount of Each Receipt this Period 250.00	
Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify) ▼	Occupation Corporate Secretary/General Couns Aggregate Year-to-Date 250.00	el	
		770.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Erin M. Cummings Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance	State MA C Occupation Division	Zip Code 02026-1850 n Manager, IT	Date of Receipt 0 9
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Erin M. Cummings Mailing Address 222 Ames Street City	State	Zip Code	Date of Receipt 1 0 0 6 2 0 0 9 Transaction ID: E098294B9333F1BD7B
	Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify) ▼	_, -	02026-1850 n Manager, IT Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 50.00
_ C.	Full Name (Last, First, Middle Initial) Tom Danielson Mailing Address PO Box 708			Date of Receipt O 8
	City Houston FEC ID number of contributing federal political committee.	State MN	Zip Code 55943-0708	Transaction ID: 8B56AA9435F57283AD Amount of Each Receipt this Period 250.00
	Name of Employer Mound Prairie Mutual Insu- rance Company Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any pers the name and address of any political committee t rance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Dechatelets, Cpcu Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Assistant Vice President Aggregate Year-to-Date 243.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph Dechatelets, Cpcu Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Assistant Vice President Aggregate Year-to-Date 243.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rebekah L. Deters Mailing Address PO Box 207 City Teutopolis FEC ID number of contributing federal political committee. Name of Employer Home Farmers Mutual Fire Insurance Com Receipt For: Primary General Other (specify)	State Zip Code IL 62467-0207 C Occupation Office Manager Aggregate Year-to-Date 270.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional))	70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personante name and address of any political committee to	
Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Vice President - Public Policy Aggregate Year-to-Date 1107.25]
Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700 City Indianapolis	State Zip Code IN 46268-0700	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Vice President - Public Policy Aggregate Year-to-Date 1107.25	48.25
Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700	Transaction ID: 8C41281AF4B0A11BC Amount of Each Receipt this Period 48.25
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Vice President - Public Policy Aggregate Year-to-Date 1107.25	
SUBTOTAL of Receipts This Page (optional	l)	144.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Public Policy Aggregate Year-to-Date 1107.25	Date of Receipt M M D D 2 0 0 9 Transaction ID: A0B4BF326368C4E01 Amount of Each Receipt this Period 48.25	
Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Public Policy Aggregate Year-to-Date 1107.25	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 632423CEE9F318B04E Amount of Each Receipt this Period 48.25	
Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Public Policy Aggregate Year-to-Date 1107.25	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOTAL of Receipts This Page (optional)		144.75	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ A .	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address PO Box 68700			Date of Receipt 0 9 2 5 2 0 0 9
	City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 15A23FCE5DD392F1D5I Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran	Occupation Vice Pre	n sident - Public Policy	48.25
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1107.25	
В.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address Box 68700			Date of Receipt 10 12 2009
	City	State	Zip Code	Transaction ID: CBC96BF9FBB77CA148
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		280.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General		n sident - Public Policy e Year-to-Date ▼ 1107.25	1
_ C.	Under (specify) ▼ Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D.	0 0		Date of Receipt
J.	Mailing Address Box 68700			10 13 2009
	City	State	Zip Code	Transaction ID: 9F9F15025C21DAD1484
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 48.25
	Name of Employer National Association of Mutual Insuran Receipt For:	, '	n sident - Public Policy e Year-to-Date ▼	
	Primary General Other (specify) ▼		1107.25	
		l		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Date of Receipt M M M
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		on sident - Public Policy e Year-to-Date ▼ 1107.25	
В.	Full Name (Last, First, Middle Initial) Robert Detlefsen, Ph.D. Mailing Address Box 68700			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 406108CDAEFFF5D781 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40200-0700	48.25
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		on sident - Public Policy e Year-to-Date ▼ 1107.25	
_ C.	Full Name (Last, First, Middle Initial) Charles W. Drier			Date of Receipt
	Mailing Address PO Box 30660			08 31 2009
	City Lansing	State MI	Zip Code 48909-8160	Transaction ID: 78FB4B2694B874D48E7
	FEC ID number of contributing federal political committee.	C	46909-0100	Amount of Each Receipt this Period 50.00
	Name of Employer Auto-Owners Insurance Company	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 310.00	
	SUBTOTAL of Receipts This Page (optional)			146.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personal the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles W. Drier Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Com-	State Zip Code MI 48909-8160 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
pany Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial) Charles W. Drier Mailing Address PO Box 30660		Date of Receipt 1 0 3 0 2 0 0 9
City	State Zip Code	Transaction ID: 86127C0CF3F7B0B93
<u>Lansing</u>	MI 48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.		Date of Receipt
Mailing Address PO Box 68700		07 06 7 2009
City <u>Indianapolis</u>	State Zip Code IN 46268-0700	Transaction ID: 3E524F080EA463CE3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General	Occupation Senior Vice President-Internal Opera Aggregate Year-to-Date	ti
Other (specify) ▼	910.00	
		130.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Senior Vice President-Internal Operation Aggregate Year-to-Date 910.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Senior Vice President-Internal Operat Aggregate Year-to-Date 910.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Senior Vice President-Internal Operat Aggregate Year-to-Date 910.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	90.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each cate	te schedule(s) (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual Institute (In Full)	g the name and address of any poli	used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-070 C Occupation Senior Vice President- Aggregate Year-to-Date	-Internal Operati
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-070 C Occupation Senior Vice President- Aggregate Year-to-Date	-Internal Operati
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-070 C Occupation Senior Vice President- Aggregate Year-to-Date	-Internal Operati
SUBTOTAL of Receipts This Page (option	al)	90.00

SCHEDULI ITEMIZED	E A (FEC Form 3X RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	-	R: PAGE 47/186 11c 12 15 16 17
or for commercia	copied from such Reports an I purposes, other than using DMMITTEE (In Full) sociation of Mutual Insu	the name and ad	y not be sold or used by any pers dress of any political committee to nies PAC	on for the purp o solicit contrib	pose of sol	liciting contributions m such committee.
A. Gregg A. Dyks Mailing Addre City Indianapolis FEC ID numb federal politica Name of Emp National Asso Mutual Insura Receipt For: Primary	ss PO Box 68700 Separate of contributing all committee. Soloyer ociation of in		Zip Code 46268-0700 on Tice President-Internal Opera e Year-to-Date ▼ 910.00	Transac Amoun	2 ction ID:	8 2009 211397340223AA66045 Receipt this Period 240.00
B. Gregg A. Dyks Mailing Addre City Indianapolis FEC ID numb federal politica Name of Emp National Asso Mutual Insura Receipt For: Primary	ss Box 68700 Separate of contributing all committee. Soloyer ociation of in	'	Zip Code 46268-0700 on ice President-Internal Opera e Year-to-Date ▼ 910.00	Transac Amoun	tion ID:	
City Indianapolis FEC ID numb federal politica Name of Emp National Asso Mutual Insura Receipt For: Primary	ss Box 68700 er of contributing al committee.		Zip Code 46268-0700 on Tice President-Internal Opera e Year-to-Date ▼ 910.00	Transac Amoun	2 ction ID:	7 2009 03AA7DB78E5BB582BF Receipt this Period 30.00
SUBTOTAL of	Receipts This Page (optional)				300.00

City Frankenmuth Mil 48734 FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ City State Zip Code Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue C. Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue C. State Zip Code Frankenmuth Mil 48734 Date of Receipt Date of Receipt Transaction ID: 2082825A1822454 Amount of Each Receipt this Period Date of Receipt Transaction ID: 2082825A1822454 Amount of Each Receipt this Period C. State Zip Code Frankenmuth Mil 48734 FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Grego A. Dykstra, J.D. Mailling Address Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. C. Name of Employer National Association of Mutual Insurance Company Recept Terankenmuth Mutual Insurance Company Recept For: Parimary General Other (specify) ▼ State Zip Code Transaction ID: COA52F312031C Amount of Each Receipt The Period Coccupation Senior Vice President-Internal Operation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Fred A Edmond, Opeu, Cic Mailing Address One Mutual Avenue City State Zip Code Transaction ID: 56B1096FF1BCF7 Amount of Each Receipt The Period Receipt Receipt Transaction ID: 56B1096FF1BCF7 Amount of Each Receipt The Period Receipt Transaction ID: 56B1096FF1BCF7 Amount of Each Receipt This Period Receipt Transaction ID: 56B1096FF1BCF7 Amount of Each Receipt This Period Receipt Transaction ID: 56B1096FF1BCF7 Amount of Each Receipt This Period Receipt Transaction ID: 2082825A1822454 Cc. Full Name (Last, First, Middle Initial) Fred A Edmond, Opeu, Cic Mailing Address One Mutual Avenue City State Zip Code Transaction ID: 2082825A1822454 Firankenmuth Mutual Insurance Company Receipt This Period Receipt Transaction ID: 2082825A1822454 Fec ID number of contributing Receipt This Period Receipt Transaction ID: 2082825A1822454 Amount of Each Receipt This Period Receipt Transaction ID: 2082825A1822454 Amount of Each Receipt This Period Receipt Transaction ID: 2082825A1822454 Amount of Each Receipt This Period Receipt Th	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee	son for the purpose of soliciting contributions
Indianapolis Indianapolis	A .	Gregg A. Dykstra, J.D. Mailing Address Box 68700	0.1	7.0	1 1 1 0 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mutual Insuran Receipt For: Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Fred A Edmond, Cpcu, Clc Malling Address One Mutual Avenue City Frankenmuth Mutual Insurance Company Receipt For: Polity Frankenmuth Mutual Insurance Company General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Fred A Edmond, Cpcu, Clc Name of Employer Frankenmuth Mutual Insurance Company General Other (specify) ▼ Full Name (Last, First, Middle Initial) Fred A Edmond, Cpcu, Clc Maling Address One Mutual Avenue C. Full Name (Last, First, Middle Initial) Fred A Edmond, Cpcu, Clc Maling Address One Mutual Avenue C. Field A Edmond, Cpcu, Clc Maling Address One Mutual Avenue C. Field Name (Last, First, Middle Initial) FeC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address Maling Address One Mutual Insurance Company Receipt For: Receipt Maling Address Maling Addr		Indianapolis FEC ID number of contributing	IN	•	Amount of Each Receipt this Period
B. Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City State Zip Code Frankenmuth Mil 48734 FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City State Zip Code Mil 48734 FC. Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City State Zip Code Mil 48734 FEC ID number of contributing federal political committee. C. State Zip Code Mil 48734 FEC ID number of contributing federal political committee. C. Name of Employer Frankenmuth Mil 48734 FEC ID number of contributing federal political committee. C. Name of Employer Frankenmuth Mil Mil 48734 FEC ID number of contributing federal political committee. C. Name of Employer Frankenmuth Mil Mil Agria Marganet Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ C. Name of Employer Frankenmuth Mil Mil Agria Marganet Normal Marganet Mar		Mutual Insuran Receipt For: Primary General	Senior V	ice President-Internal Oper e Year-to-Date ▼ 910.00	ati
City State Zip Code MI 48734 FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Mailing Address One Mutual Avenue City State Zip Code Transaction ID: 6FB1096FF1BCF7 Amount of Each Receipt this Period 38.47 Dotter (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City State Zip Code Frankenmuth Mutual Insurance Company FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Occupation Vice President Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Transaction ID: 6FB1096FF1BCF7 Amount of Each Receipt this Period Transaction ID: 38.47	Б.	Fred A. Edmond, Cpcu, Cic			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Fred A. Edmond, Opcu, Cic Mailing Address One Mutual Avenue Ctype State Zip Code Milling Address One Mutual Avenue Ctype State Zip Code Transaction ID: 2082825A1822454 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼		City	State	Zip Code	Transaction ID: 6FB1096FF1BCF7A849
Frankenmuth Mutual Insurance Company Receipt For: Primary		FEC ID number of contributing		48734	
C. Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City State Zip Code Frankenmuth MI 48734 FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Date of Receipt M M / D D / 2 0 0 9 Transaction ID: 2082825A1822454 Amount of Each Receipt this Period Occupation Vice President Aggregate Year-to-Date ▼ 106.94		Frankenmuth Mutual Insura- nce Company Receipt For: Primary General	Vice Pre	sident e Year-to-Date ▼	
City Frankenmuth MI 48734 FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ State Zip Code MI 48734 Amount of Each Receipt this Period 38.47 C 38.47	- С.	Fred A. Edmond, Cpcu, Cic			Date of Receipt
Frankenmuth MI 48734 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 106.94		Mailing Address One Mutual Avenue			
FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 106.94		•		•	Transaction ID: 2082825A1822454B78D
nce Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 885.34		FEC ID number of contributing		48734	
SUBTOTAL of Pagainta This Paga (entional)		nce Company Receipt For: Primary General	Vice Pre	sident e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional) .			106.94

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 186 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	nd Statements may not be sold or used by any pers to the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenu City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date 885.34	Date of Receipt M M M / D D 7 27 2009 Transaction ID: 7B9A52D167A29FA8DC Amount of Each Receipt this Period 38.47
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenu City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date 885.34	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenu City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	e State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date ▼ 885.34	Date of Receipt M M D D D Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option:	al)	115.41

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 186 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insura	ance Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic			Date of Receipt
	Mailing Address One Mutual Avenue			09 11 2009
	City Frankenmuth	State MI	Zip Code 48734	Transaction ID: B4F3ECC8937B0D81EB9 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 885.34	
В.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue	<u>'</u>		Date of Receipt
	City	State	Zip Code	0 9 2 1 2 0 0 9 Transaction ID: 50281B6B0FE5CB61D91
	<u>Frankenmuth</u>	MI	48734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Vice Pres	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 885.34	
С. С.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic			Date of Receipt
	Mailing Address One Mutual Avenue			10 09 2009
	City	State	Zip Code	Transaction ID: A8A1EFB48143A3951BB
	<u>Frankenmuth</u>	MI	48734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Vice Pre	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V	
	SUBTOTAL of Receipts This Page (optional)			115.41
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			
A.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Vice Pres	Zip Code 48734 ident Year-to-Date ▼	Date of Receipt 10 23 2009 Transaction ID: 5664ECB36EF3254E86 Amount of Each Receipt this Period 38.47
_ В.	Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee.	State MI	Zip Code 48734	Date of Receipt 1 1 0 4 2 0 0 9 Transaction ID: 030CFF46D5FC72A469 Amount of Each Receipt this Period 38.47
_	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Vice Pres Aggregate		
С.	Paul Ehlert Mailing Address PO Box 645 City Brenham FEC ID number of contributing federal political committee. Name of Employer Germania Farm Mutual Insurance Associa Receipt For: Primary General Other (specify)	State TX C Occupation Vice Pres Aggregate		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)	1		96.94

SUBTOTAL of Receipts This Page (optional)		350.00
Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify) ▼	_ '	n -Project Research & Coordi e Year-to-Date ▼ 350.00	natio
Lansing FEC ID number of contributing federal political committee.	C	48909-8160	Amount of Each Receipt this Period 50.00
City	State	Zip Code	Transaction ID: 44435E5C5520C3FA
Full Name (Last, First, Middle Initial) Andrew M. Eriksen Mailing Address PO Box 30660			Date of Receipt 1 0 0 6 2 0 0 9
Name of Employer Auto-Owners Insurance Company Receipt For: ☐ Primary ☐ General Other (specify) ▼	_ , 	n -Project Research & Coordi e Year-to-Date ▼ 350.00	natio
Lansing FEC ID number of contributing federal political committee.	C	48909-8160	Amount of Each Receipt this Period 50.00
City	State MI	Zip Code	0 8 3 1 2 0 0 9 Transaction ID: 90EDE3900C1CCB41
Full Name (Last, First, Middle Initial) Andrew M. Eriksen Mailing Address PO Box 30660			Date of Receipt
Columbia Mútuál Insurance Company Receipt For: Primary General Other (specify) ▼	Vice Pres Aggregate	sident e Year-to-Date ▼ 250.00	
FEC ID number of contributing federal political committee. Name of Employer Columbia Mutual Insurance	Occupation	n	250.00
City Columbia	State MO	Zip Code 65202-2335	Transaction ID: 32AE740F1A0420B6 Amount of Each Receipt this Period
Jon Erickson Mailing Address 2102 White Gate Dr	ive		Date of Receipt 0 7 1 5 2 0 0 9
NAME OF COMMITTEE (In Full) National Association of Mutual Insur Full Name (Last, First, Middle Initial)	rance Compan	iles PAC	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52/186 (check only one)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personen name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew M. Eriksen Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Manager-Project Research & Coordin Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Ewert Mailing Address 3240 Nassau Dr City Brookfield FEC ID number of contributing federal political committee. Name of Employer Partners Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 53045-1536 C Occupation Executive Vice President Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M C 29 2009 Transaction ID: D44782A6F2FD8E5CF4 Amount of Each Receipt this Period 355.00
Full Name (Last, First, Middle Initial) Mark Ewert Mailing Address 3240 Nassau Dr City Brookfield FEC ID number of contributing federal political committee. Name of Employer Partners Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	State Zip Code WI 53045-1536 C Occupation Executive Vice President Aggregate Year-to-Date 375.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	425.00

Mailing Address PO Box 240	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Patrick J. Faga. Phmm Mailing Address PO Box 240 City State Zip Code Story City IA 50248-0240 FEC ID number of contributing federal political committee. C Soupation President/CEO Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Michael L. Fanon, Cpou Mailing Address 222 Ames St City State Zip Code MA 02026-1850 City State Zip Code MA 02026-1850 Transaction ID: 811E1E5A814A409355A Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 812E1E5A814A409355A Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Transaction ID: 912EA815A814F9CA8B1t Date of Receipt Transaction ID: 925 AB9 APF-9CA8B1t Amount of Each Receipt Transaction ID: 925 AB9 APF-9CA8B1t Amount of Each Receipt this Period Transaction ID: 925 AB9 APF-9CA8B1t Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 925 AB9 APF-9CA8B1t Amount of Each Receipt this Period Date of Receipt Transaction ID: 925 AB9 APF-9CA8B1t Amount of Each Receipt this Period Date of Receipt Transaction ID: 925 AB9 APF-9CA8B1t Date of Receipt Transaction ID: 925 APF-9CA8B1t Date of Receipt APF-9CA8B1t Dat	NAME OF COMMITTEE (In Full)		on for the purpose of soliciting contributions solicit contributions from such committee.
Michael L. Faron, Cpcu Mailing Address 222 Ames St City State Zip Code MA 0 2026-1850 FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify) ▼ State Zip Code Appleton FEC ID number of contributing federal political committee. Date of Receipt M 0 8 / 2 5 / 2 0 0 9 Transaction ID: 0EDEA6DAAFF9CA6B16 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 0EDEA6DAAFF9CA6B16 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 0EDEA6DAAFF9CA6B16 Amount of Each Receipt this Period Date of Receipt Transaction ID: 0EDEA6DAAFF9CA6B16 Amount of Each Receipt this Period Date of Receipt Transaction ID: 0EDEA6DAAFF9CA6B16 Amount of Each Receipt this Period Transaction ID: 34148314530DC84E6C9 Amount of Each Receipt this Period C Description Primary General Counsel Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Counsel Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Patrick J. Faga, Pfmm Mailing Address PO Box 240 City Story City FEC ID number of contributing federal political committee. Name of Employer Central lowa Mutual Insurance Associat Receipt For: Primary General	Occupation President/CEO Aggregate Year-to-Date 500.00	Transaction ID: 811E1E5A814A409355A Amount of Each Receipt this Period
Daniel Ferris Mailing Address 2401 South Memorial Drive City State Zip Code Appleton WI 54915-1429 FEC ID number of contributing federal political committee. Name of Employer SECURA Insurance, A Mutual Company Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date Aggregate Year-to	Michael L. Faron, Cpcu Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General	MA 02026-1850 C Occupation Commercial Lines Division Manager Aggregate Year-to-Date ▼	Transaction ID: 0EDEA6DAAFF9CA6B16E Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Daniel Ferris Mailing Address 2401 South Memori City Appleton FEC ID number of contributing federal political committee. Name of Employer SECURA Insurance, A Mutual Company Receipt For: Primary General	State Zip Code WI 54915-1429 C Occupation VP & General Counsel Aggregate Year-to-Date	Transaction ID: 34148314530DC84E6C9 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optiona	l)	1000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 186 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Eileen Fhaner, Aiaf, Cpcu Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Senior V	Zip Code 48917-3968 In ice President, Treasurer & C e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Gayle Fisher Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	,, ,	Zip Code 48909-8160 In Vice President e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 7 27 2009 Transaction ID: 0BBCA5C8EAFEB4A385 Amount of Each Receipt this Period 600.00
	Full Name (Last, First, Middle Initial) John H. Fitzhugh Mailing Address PO Box 158 City Montpelier FEC ID number of contributing federal political committee. Name of Employer Union Mutual Fire Insurance Company Receipt For: Primary General Other (specify)	State VT C Occupatio CEO Aggregate	Zip Code 05601-0158 In e Year-to-Date ▼	Date of Receipt M M M J D D J 2009 Transaction ID: FFF8C0CE4B17584016A Amount of Each Receipt this Period 1000.00
	SUBTOTAL of Receipts This Page (optional) .			2100.00

Any information copied from such Reports and Stat or for commercial purposes, other than using the new NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes Mailing Address PO Box 117	state Zip Code PA 16332-0024 C Occupation President - CEO Aggregate Year-to-Date	Date of Receipt March
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	state Zip Code PA 16332-0024 C C State Zip Code PA 16332-0024 C State Zip Code PA 16332-0024 C C C C C C C C C C C C C C C C C C C	Date of Receipt Date of Receipt
National Association of Mutual Insurance Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	State Zip Code PA 16332-0024 C Occupation President - CEO Aggregate Year-to-Date ▼ State Zip Code PA 16332-0024 C Occupation President - CEO	Transaction ID: 91090C26C97F92E71 Amount of Each Receipt this Period 275.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	PA 16332-0024 C Occupation President - CEO Aggregate Year-to-Date ▼ State Zip Code PA 16332-0024 C Occupation President - CEO	Transaction ID: 91090C26C97F92E71 Amount of Each Receipt this Period 275.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	PA 16332-0024 C Occupation President - CEO Aggregate Year-to-Date ▼ State Zip Code PA 16332-0024 C Occupation President - CEO	1 0
Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	PA 16332-0024 C Occupation President - CEO Aggregate Year-to-Date ▼ State Zip Code PA 16332-0024 C Occupation President - CEO	Amount of Each Receipt this Period 275.00 Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Edward Forbes	C Occupation President - CEO Aggregate Year-to-Date ▼ State Zip Code PA 16332-0024 C Occupation President - CEO	295.00 Date of Receipt M
Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	Occupation President - CEO Aggregate Year-to-Date State Zip Code PA 16332-0024 C Occupation President - CEO	Date of Receipt M M M
ance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	President - CEO Aggregate Year-to-Date ▼ State Zip Code PA 16332-0024 C Occupation President - CEO	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	State Zip Code PA 16332-0024 C Occupation President - CEO	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Robert Fitzsimmons Mailing Address PO Box 24 1750 Lickingville Road City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	PA 16332-0024 C Occupation President - CEO	Transaction ID: CDD9177C93AF5161 Amount of Each Receipt this Period
City Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	PA 16332-0024 C Occupation President - CEO	Transaction ID: CDD9177C93AF5161 Amount of Each Receipt this Period
Lickingville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	PA 16332-0024 C Occupation President - CEO	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	Occupation President - CEO	
Rame of Employer Farmers Mutual Fire Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	Occupation President - CEO	20.00
ance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Forbes	President - CEO	
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Edward Forbes	Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial) Edward Forbes		
Edward Forbes	2	295.00
		Date of Receipt
		0 9 2 9 2 0 0 9
City	State Zip Code	Transaction ID: 0FAB72BFA8D84EAD
Shelburne	ON L0N1S-0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Dufferin Mutual Insurance	Occupation General Manager	Canadian contribution tra- nsferred to NAMIC Adminis- trative Fund on 10/21/09
Company Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		300.00
SUBTOTAL of Receipts This Page (optional)		595.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any per the name and address of any political committee urance Companies PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Nancy Forsyth Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For:	State Zip Code MN 55943-0708 C Occupation Director Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Brad Fortner	250.00	Date of Receipt
Mailing Address 703 West Poplar S City	State Zip Code	M M / 29 / 2009 Transaction ID: F068E4B1375EBFF88
Rogers FEC ID number of contributing federal political committee.	AR 72756-4443	Amount of Each Receipt this Period 250.00
Name of Employer Farmers Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Scott George	1	Date of Receipt
Mailing Address PO Box 99 City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>Liberal</u>	MO 64762-0099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Barton Mutual Insurance Company Receipt For: Primary Other (specify) ▼	Occupation Director Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (options	J)	1000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any potential committee the name and address of any political committee trance Companies PAC	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James F. Gerrity Mailing Address 222 Ames Street City	State Zip Code	Date of Receipt M M
Dedham FEC ID number of contributing federal political committee.	MA 02026-1850	Amount of Each Receipt this Period 300.00
Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 300.00	•
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue		Date of Receipt 0 7 0 8 2 0 0 9
City	State Zip Code	Transaction ID: B1F2DFF41C83E22D4F
Frankenmuth	MI 48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Human Resources Aggregate Year-to-Date 846.29	
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue		Date of Receipt 0 7 1 5 2 0 0 9
City	State Zip Code	Transaction ID: 0ED49E9DFAF807F2AE
Frankenmuth	MI 48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Human Resources Aggregate Year-to-Date 846.29	
		376.94

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 186 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A.	Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue	Olate	7: 0.4	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Frankenmuth FEC ID number of contributing federal political committee.	State MI	Zip Code 48787-0001	Transaction ID: C2F6F910A4F9BA5142 Amount of Each Receipt this Period 38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼		on esident, Human Resources e Year-to-Date ▼ 846.29]
3.	Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue	-		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 971F2713A8985599C8
	Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify)		esident, Human Resources e Year-to-Date 846.29	
_	Full Name (Last, First, Middle Initial) Bryan Gilleland			Date of Receipt
	Mailing Address One Mutual Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5A1F2BA2B2FC228111
	Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼		esident, Human Resources e Year-to-Date 846.29	
s	UBTOTAL of Receipts This Page (optional)		115.41

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate for each category Detailed Sum	gory of the
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	he name and address of any politi	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Human Aggregate Year-to-Date	Resources 846.29
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company	State Zip Code MI 48787-0001 C Occupation Vice President, Human	38.47
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing	Aggregate Year-to-Date ▼ State Zip Code MI 48787-0001	
federal political committee. Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Human Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional		115.41

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 186 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	+ +	Zip Code 48787-0001 n sident, Human Resources e Year-to-Date ▼ 846.29	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48787-0001 n sident, Human Resources e Year-to-Date ▼ 846.29	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- С.	Full Name (Last, First, Middle Initial) E. Bulkeley Griswold Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State CT C Occupation Director Aggregate	Zip Code 06360-0040 n • Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1
	SUBTOTAL of Receipts This Page (optional)			406.94

	EDULE A (FEC Form 3X) ZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 186 (check only one) X
or for co	rmation copied from such Reports and mmercial purposes, other than using the E OF COMMITTEE (In Full) onal Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Patric Mailir City House FEC feders Mour rance	Adame (Last, First, Middle Initial) bia Gruntzel ang Address PO Box 708 Ston ID number of contributing al political committee. Be of Employer and Prairie Mutual Insuecompany ipt For: Primary General Other (specify)	State MN C Occupatio Director Aggregate	Zip Code 55943-0708 n e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Glare Mailir City Roge FEC feder: Name Farm Comp	ID number of contributing al political committee. e of Employer ers Mutual Insurance	State AR C Occupatio Assistan	Zip Code 72756-4443 In t Secretary/Treasurer Year-to-Date ▼ 1150.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lans FEC feder: Name Autopany	ID number of contributing al political committee. e of Employer Owners Insurance Com-	State MI C Occupation Presiden Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	TAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey F. Harrold Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William R. Harvey Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Director Systems Ops Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William R. Harvey Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Director Systems Ops Aggregate Year-to-Date 240.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 186 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	and Statements may not be sold or used by any persong the name and address of any political committee to turance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy Hegarty, Jr., Cpcu Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Group Receipt For: Primary General Other (specify)	State Zip Code MA 02026-1850 C Occupation Aggregate Year-to-Date 346.44	Date of Receipt M M M / D D / 2009 Transaction ID: 4F8F08882676400956D Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Timothy Hegarty, Jr., Cpcu Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Group Receipt For: Primary General Other (specify)	State Zip Code MA 02026-1850 C Occupation Aggregate Year-to-Date 346.44	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4CA2A00296AC1BDBEE Amount of Each Receipt this Period 90.00
Full Name (Last, First, Middle Initial) Timothy Hegarty, Jr., Cpcu Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Group Receipt For: Primary General Other (specify)	State Zip Code MA 02026-1850 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (check dilly dile)
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual In:	g the name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy Hegarty, Jr., Cpcu Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Group Receipt For: Primary Other (specify)	State Zip Code MA 02026 C Occupation Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) A. Michael Heister Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111 C Occupation Director Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stuart C. Henderson Mailing Address PO Box 1463 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Western National Mutual Insurance Comp Receipt For: Primary General Other (specify)	State Zip Code MN 55440-1463 C Occupation President & CEO Aggregate Year-to-Date	Date of Receipt M M M
SUBTOTAL of Receipts This Page (option	nal)	331.44

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 186 (check only one) X 11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Functional Association of Multiple Commercial Purposes)	than using the name and ad	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle I Brenda G. Hennenfent Mailing Address PO Box 30 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupati Regiona Aggregat	Zip Code 48909-8160 on al Vice President te Year-to-Date ▼ 220.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle I Marcus E. Hill Mailing Address PO Box 88 City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Agricultural Workers Mutual Auto Insur Receipt For: Primary General Other (specify)	State TX C Occupati Presider Aggregat		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle I Joe E. Hoff, Cpcu Mailing Address PO Box 48 City Cottonwood FEC ID number of contributing federal political committee. Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify)	State MN C Occupati CFO Aggregat	Zip Code 56229-0048 on te Year-to-Date ▼	Date of Receipt M M D D 27 2009 Transaction ID: ABF698059A106EF02E Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page	ge (optional)		290.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 186 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Inst	nd Statements may not be sold or used by any person to the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rex Honodel Mailing Address PO Box 26234 City Richmond FEC ID number of contributing federal political committee. Name of Employer Southern States Insurance Exchange Receipt For: Primary General Other (specify)	State Zip Code VA 23260-6234 C Occupation President of Attorney-in-Fact Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: D51F1B7B132A18D990 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 1769.39	Date of Receipt M M O 7 D D O 2 2009 Transaction ID: 243B8B770AB9EE3F30 Amount of Each Receipt this Period 76.93
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 1769.39	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	403.86

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48787-0001 on fice President e Year-to-Date 1769.39	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48787-0001 on fice President e Year-to-Date 1769.39	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	, '	Zip Code 48787-0001 on fice President e Year-to-Date ▼ 1769.39	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			230.79

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar			on for the purpose of soliciting contributions o solicit contributions from such committee.		
Α.	Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue			Date of Receipt 0 9 1 1 2 0 0 9		
	City Frankenmuth	State MI	Zip Code 48787-0001	Transaction ID: 73D66C6EE41161162C3 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For:		on /ice President e Year-to-Date	76.93		
-	Primary General Other (specify) ▼	Aggregate	1769.39			
В.	Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue			Date of Receipt 0 9 2 1 2 0 0 9		
	City	State	Zip Code	Transaction ID: 873FC442490E2C8AC82		
	Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 76.93		
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on fice President e Year-to-Date ▼ 1769.39			
C.	Full Name (Last, First, Middle Initial) David F. Honold			Date of Receipt		
	Mailing Address One Mutual Avenue	Mailing Address One Mutual Avenue				
	City	State	Zip Code	Transaction ID: 4A22F35D62927339F5B		
	Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 76.93		
	Name of Employer Frankenmuth Mutual Insura- nce Company		ice President			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1769.39			
	SUBTOTAL of Receipts This Page (optional)			230.79		
	TOTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Association of Mutual In	s and Statements may not be sold or used by any personing the name and address of any political committee to insurance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Aver City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 1769.39	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Aver City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 1769.39	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 0 9 Transaction ID: 99FAAE452DCBA5621E Amount of Each Receipt this Period 76.93
Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C Street Nor Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001 C Occupation Communications Director-Federal Af Aggregate Year-to-Date 315.00	Date of Receipt M M C 28 2009 Transaction ID: 48FC08A7D8E3D2C7BF Amount of Each Receipt this Period 85.00
SUBTOTAL of Receipts This Page (option	onal)	238.86

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insuran	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C Street Northwes Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State DC C Occupatio Commun	nications Director-Federal Aff • Year-to-Date ▼ 315.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- B.	Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C Street Northwes Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State DC C Occupatio Commun	Zip Code 20001 n nications Director-Federal Aff e Year-to-Date ▼ 315.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 198CE77B9DE7DD50819 Amount of Each Receipt this Period 10.00
- C.	Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C Street Northwes Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State DC C Occupatio Commun	Zip Code 20001 n nications Director-Federal Aff e Year-to-Date 315.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)			30.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 186 (check only one) X 11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Functional Association of Municipal Association of Munic	an using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In Timothy Hyle Mailing Address One Prefet City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation Corporation	Zip Code 13411-1800 on te Controller e Year-to-Date ▼ 480.00	Date of Receipt M M
Full Name (Last, First, Middle In Timothy Hyle Mailing Address One Prefer City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation Corporation	Zip Code 13411-1800 on te Controller e Year-to-Date 480.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle In Timothy Hyle Mailing Address One Preference City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation Corporation	Zip Code 13411-1800 on te Controller e Year-to-Date ▼ 480.00	Date of Receipt M M
SUBTOTAL of Receipts This Pag	(optional)		120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any persible name and address of any political committee to cance Companies PAC	
Full Name (Last, First, Middle Initial) Timothy Hyle Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Corporate Controller Aggregate Year-to-Date 480.00	Date of Receipt M M M J D D J D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Judy S. Jackson Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360-0040 C Occupation President & CEO Aggregate Year-to-Date 350.00	Date of Receipt M M M O 4 2009 Transaction ID: F33BDD466D10671C2 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Lee A. Janis, III Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Vice President Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2 9 2 0 0 9 Transaction ID: 5CA9A452F78EE5E2 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	· 	510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to cance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert L. Jeckel Mailing Address 1536 Pulaski Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Frontier Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code IL 62656-3241 C Occupation Director Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Johnston Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager, Midwest Region Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Scott M. Kehne, Cpcu, Are Mailing Address PO Box 3428 City Knoxville FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual of Tennessee Receipt For: Primary General Other (specify)	State Zip Code TN 37927-3428 C Occupation President Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	1550.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other NAME OF COMMITTEE (In	er than using the name and ad	ldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle James J. Kennedy, Cpcu, Lutc Mailing Address PO Box City Bucyrus FEC ID number of contributir federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State OH C Occupation Presider Aggregat	Zip Code 44820-0111 on ht & CEO e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle James J. Kennedy, Cpcu, Lutc Mailing Address PO Box City Bucyrus FEC ID number of contributir federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State OH C Occupation Presider Aggregat	Zip Code 44820-0111 on nt & CEO e Year-to-Date ▼ 3600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Daniel A. Keyes Mailing Address PO Box 9 City Madison FEC ID number of contributir federal political committee. Name of Employer Wisconsin Mutual Insurance Company Receipt For: Primary General Other (specify)	State WI G Occupation CEO Aggregat	Zip Code 53701-0974 on e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This F	age (optional)		2850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 186 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personance and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kraig T. Klopfenstein Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Sales/Marketing Aggregate Year-to-Date 290.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kraig T. Klopfenstein Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Sales/Marketing Aggregate Year-to-Date 290.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kraig T. Klopfenstein Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Sales/Marketing Aggregate Year-to-Date 290.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 186 (check only one) X 11a
or for commercial purpos NAME OF COMMITT	es, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Steve J. Knutson Mailing Address PC City Esko FEC ID number of confederal political comm Name of Employer RAM Mutual Insurance any Receipt For: Primary Other (specify)	State MN Intributing ttee. C C C C C C C Aggrega General		Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First Leroy Kohlmeyer Mailing Address PC City Houston FEC ID number of cole federal political comm Name of Employer Mound Prairie Mutual rance Company Receipt For: Primary Other (specify)	State MN Intributing ttee. C Insu- General Aggrega		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First Harvey Kroiz Mailing Address 81 City Bryn-Mar FEC ID number of corfederal political comm Name of Employer Pennsylvania Lumber Mutual Insuran Receipt For: Primary Other (specify)	State PA Attributing ttee. C C General Aggrega		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts	This Page (optional))	770.00

	EDULE A (FEC Form 3X IIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NA	ME OF COMMITTEE (In Full)			con for the purpose of soliciting contributions o solicit contributions from such committee.
→ Na	tional Association of Mutual Insu	rance Compar	nies PAC	
	Name (Last, First, Middle Initial) Ann M. Kuschel, Pfmm			Date of Receipt
Mai 	ling Address 545 Harold Meyer D)rive		07 27 2009
City	<i>'</i>	State	Zip Code	Transaction ID: A807C4860103C1D43B
<u>Ne</u>	w Haven	MO	63068-1253	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nar Boe	ne of Employer euf & Berger Mutual Ins-	Occupation		7
<u>ura</u>	nce Compan ceipt For:		y/Treasurer/ Manager e Year-to-Date ▼	_
	Primary General Other (specify)	Aggregate	250.00	
Gle	Name (Last, First, Middle Initial) nn A. Lambert, Pfmm	<u> </u>		Date of Receipt
Mai	ling Address 5000 9th Avenue So	outh		09 28 YYYY 09 28 2009
City	1	State	Zip Code	Transaction ID: 67FE152F6E9E9EF1D4
<u>Gr</u>	eat Falls	MT	59405-5708	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
sur	me of Employer scade Farmers Mutual In- ance Compa	Occupation General	n Manager	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
	Name (Last, First, Middle Initial) nn A. Lambert, Pfmm			Date of Receipt
Mai	ling Address 5000 9th Avenue So	outh		10 27 2009
City	ı	State	Zip Code	Transaction ID: 166F2449828B5F0319A
<u>Gr</u>	eat Falls	MT	59405-5708	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		20.00
	me of Employer scade Farmers Mutual In- ance Compa	Occupation General	on Manager	
	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	
		l)		770.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 186 (check only one) X
or for commercial purposes NAME OF COMMITTE	s, other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Fairland FEC ID number of cont federal political committ Name of Employer Farmers Mutual Insural Company of Jo Receipt For:	Box 227 State IN ributing ee. C Occupation Treasure Aggregate Aggregate		Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, I Richard L. Larkey Mailing Address PO City Franklin FEC ID number of cont federal political committ Name of Employer Farmers Mutual Insural Company of Jo Receipt For: Primary Other (specify)	Box 452 State IN ributing ee. C Occupation Treasure Aggregate Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 0
Full Name (Last, First, I George D. Larrison Mailing Address PO City Franklin FEC ID number of cont federal political committ Name of Employer Farmers Mutual Insurar Company of Jo Receipt For: Primary Other (specify)	Box 452 State IN ributing ee. C Occupation Director Aggregate Aggregate	Zip Code 46131-0452 on e Year-to-Date ▼	Date of Receipt M M M O T D D O S D
SUBTOTAL of Receipts	This Page (optional))	670.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	
Full Name (Last, First, Middle Initial) Steven Linkous Mailing Address 200 North Main Stree City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014-3554 C Occupation President & CEO Aggregate Year-to-Date 1020.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary G. Long Mailing Address PO Box 452 City Franklin FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Insurance Company of Jo Receipt For: Primary General Other (specify)	State Zip Code IN 46131-0452 C Occupation Director Aggregate Year-to-Date 325.00	Date of Receipt M M M O B D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Roger Looyenga Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Chairman Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	595.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to cance Companies PAC	
Full Name (Last, First, Middle Initial) Tim Lynch Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Assistant Vice President Aggregate Year-to-Date 235.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tim Lynch Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Assistant Vice President Aggregate Year-to-Date 235.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard L. Main, Pfmm Mailing Address PO Box 99 City Laurens FEC ID number of contributing federal political committee. Name of Employer Pocahontas Mutual Insurance Associatio Receipt For: Primary General Other (specify)	State Zip Code IA 50554-0099 C Occupation Secretary/Treasurer Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· ·	350.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700 City Indianapolis	State IN	Zip Code 46268-0700	Date of Receipt 0 7 1 7 2 0 0 9 Transaction ID: BA9366735B88BB45A1 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: □ Primary □ General □ Other (specify) ▼	 '	t to the President e Year-to-Date 310.50	13.50
— В.	Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Date of Receipt M M M
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		t to the President e Year-to-Date ▼ 310.50	
) .	Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700 City Indianapolis	State IN	Zip Code 46268-0700	Date of Receipt M M M
	FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	- ' '	on t to the President e Year-to-Date ▼	13.50
	SUBTOTAL of Receipts This Page (optional)			40.50

	HEDULE A (FEC Form 3X MIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 186 (check only one) X
or fo	information copied from such Reports and or commercial purposes, other than using t NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>F</u> N C <u>I</u> F fr	Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing ederal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	 	Zip Code 46268-0700 n t to the President e Year-to-Date ▼ 310.50	Date of Receipt M M M / D D / Y Y Y Y Y O 9 / O 1 / 2 0 0 9 Transaction ID: 0826EBF85CE1FD965F Amount of Each Receipt this Period 13.50
3. F N C L F f	Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing ederal political committee. Jame of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n t to the President e Year-to-Date ▼ 310.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F. F. C.	Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing ederal political committee. Idame of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n t to the President e Year-to-Date ▼ 310.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional))	40.50

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
7 National Association of Mutual Insul	ance companies i AC	
Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address Box 68700		Date of Receipt
City	State Zip Code	1 0 1 3 2 0 0 9 Transaction ID: 15E5BACC1E09669F2
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13.50
Name of Employer National Association of Mutual Insuran	Occupation Assistant to the President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.50	
Full Name (Last, First, Middle Initial) Rae Malesh		Date of Receipt
Mailing Address Box 68700		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: B866E673A9CCACC8
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13.50
Name of Employer National Association of Mutual Insuran	Occupation Assistant to the President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.50	
Full Name (Last, First, Middle Initial) Rae Malesh		Date of Receipt
Mailing Address Box 68700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: AB245BB7C2FDCD3D
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13.50
Name of Employer National Association of Mutual Insuran Receipt For:	Occupation Assistant to the President	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.50	
SURTOTAL of Receints This Page (ontional))	40.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Diane Marshall Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee.	State Zip Code MI 48909-8160	Date of Receipt M M
Name of Employer Auto-Owners Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Manager Aggregate Year-to-Date 310.00	
Full Name (Last, First, Middle Initial) Diane Marshall Mailing Address PO Box 30660 City Lansing	State Zip Code MI 48909-8160	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	Occupation Manager Aggregate Year-to-Date ▼ 310.00	50.00
Full Name (Last, First, Middle Initial) Diane Marshall Mailing Address PO Box 30660		Date of Receipt
City Lansing FEC ID number of contributing federal political committee.	State Zip Code MI 48909-8160 C	Transaction ID: 991D6F2E2497F2674C Amount of Each Receipt this Period 50.00
Name of Employer Auto-Owners Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 310.00	
SUBTOTAL of Receipts This Page (optional)		150.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 186 (check only one) X 11a
or for o	formation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full) ational Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Sh. Ma City Sh FE fed Na Ra Co	Il Name (Last, First, Middle Initial) elly Marshall ailing Address 6886 N 500 E by nelbyville IC ID number of contributing deral political committee. Imme of Employer armers Mutual Insurance company of Journel For: Primary General Other (specify)	State IN C Occupatio Director Aggregate	Zip Code 46176-9536 In e Year-to-Date ▼	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A Ma Ma City La FE fed Na Au pay	insing C ID number of contributing deral political committee. Ime of Employer atto-Owners Insurance Com-	_, '	Zip Code 48909-8160 n Vice President e Year-to-Date ▼ 330.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Phi Ma City Fr: FE fed Na Fre	Il Name (Last, First, Middle Initial) il McCain il McCain ailing Address 1 Mutual Ave. y ankenmuth CC ID number of contributing deral political committee. ume of Employer ankenmuth Mutual Insura- e Company ceipt For: Primary General Other (specify)		Zip Code 48787-0001 an al Serv. Manager e Year-to-Date ▼	Date of Receipt M M M
SUB	TOTAL of Receipts This Page (optional)			613.47

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to urance Companies PAC	
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave. City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	State Zip Code MI 48787-0001 C Occupation Technical Serv. Manager Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave. City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	State Zip Code MI 48787-0001 C Occupation Technical Serv. Manager Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave. City Frankenmuth FEC ID number of contributing federal political committee.	State Zip Code MI 48787-0001 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Technical Serv. Manager Aggregate Year-to-Date ▼ 846.29	115.41

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 11
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any pers the name and address of any political committee t rance Companies PAC	
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave. City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For:	State Zip Code MI 48787-0001 C Occupation Technical Serv. Manager Aggregate Year-to-Date	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave.	846.29	Date of Receipt 0 9 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 292410FDAA824BDF
Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Technical Serv. Manager Aggregate Year-to-Date 846.29	Amount of Each Receipt this Period 38.47
Full Name (Last, First, Middle Initial) Phil McCain		Date of Receipt
Mailing Address 1 Mutual Ave.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 4869380421841A2F4
Frankenmuth FEC ID number of contributing federal political committee.	MI 48787-0001	Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify)	Occupation Technical Serv. Manager Aggregate Year-to-Date 846.29	
SURTOTAL of Receipts This Page (optional)	115.41

SCHEDULE A (FI		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 186 (check only one) X
or for commercial purposes NAME OF COMMITTE	s, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Frankenmuth FEC ID number of control federal political committ Name of Employer Frankenmuth Mutual In nce Company Receipt For:	State MI ributing ee. C Occupat Technic	Zip Code 48787-0001 tion cal Serv. Manager ate Year-to-Date ▼ 846.29	Date of Receipt M M M O D D O 2009 Transaction ID: A1C7991375486C2299E Amount of Each Receipt this Period 38.47
City Frankenmuth FEC ID number of control federal political committ Name of Employer Frankenmuth Mutual In nce Company Receipt For:	State MI ributing ee. C Occupat Technic	Zip Code 48787-0001 tion cal Serv. Manager ate Year-to-Date ▼ 846.29	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth FEC ID number of control federal political committed in the company of the com	State MI ributing ee. C Occupat	Zip Code 48787-0001 tion cal Serv. Manager ate Year-to-Date ▼ 846.29	Date of Receipt M M M O 4 2009 Transaction ID: FFE8601007E0D37648E Amount of Each Receipt this Period 38.47
SUBTOTAL of Receipts	This Page (optional))	115.41

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may r the name and addre	not be sold or used by any person ess of any political committee to	
	National Association of Mutual Insu	rance Companie	s PAC	
Α.	Full Name (Last, First, Middle Initial) Sherry L. McKenzie, Aam, Ais Mailing Address PO Box 30660			Date of Receipt
	City Lansing	State MI	Zip Code 48909-8160	Transaction ID: 25109DDB6EFC4D9FDB Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Assistant I Aggregate Y	Manager 'ear-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Sherry L. McKenzie, Aam, Ais Mailing Address PO Box 30660			Date of Receipt 10 30 2009
	City	State	Zip Code	Transaction ID: AC812D2E78BDA4FBEA
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Auto-Owners Insurance Com-	Occupation Assistant I	Managar	
	pany Receipt For:		rear-to-Date ▼	-
	Primary General Other (specify) ▼	33 13	250.00	
_).	Full Name (Last, First, Middle Initial) John H. McLean			Date of Receipt
	Mailing Address 100 North Sixth Stre Suite 604A	eet		09 / 29 / Y Y Y Y Y
	City Minneapolis	State MN	Zip Code 55403-1513	Transaction ID: D08C3D9875A13351583 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Holborn Corporation	Occupation Senior Vic	e President	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)		270.00
	TOTAL This Period (last page this line numb	per only)	······	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for con	mation copied from such Reports and mmercial purposes, other than using the E OF COMMITTEE (In Full) onal Association of Mutual Insur	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Brian : Mailin City Frant FEC I federa Name Frank nce C Recei	lame (Last, First, Middle Initial) S. McLeod 1g Address One Mutual Avenue Kenmuth ID number of contributing al political committee. Last		Zip Code 48787-0001 on sident, Secretary & Treasure e Year-to-Date ▼ 884.59	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brian : Mailin City Frant FEC I federa Name Frank nce C Recei	lame (Last, First, Middle Initial) S. McLeod 1g Address One Mutual Avenue Kenmuth	_ '	Zip Code 48787-0001 on sident, Secretary & Treasure e Year-to-Date ▼ 884.59	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin City Frant FEC I federa Name Frank nce C Recei	lame (Last, First, Middle Initial) S. McLeod Ig Address One Mutual Avenue kenmuth ID number of contributing al political committee. In of Employer tenmuth Mutual Insura- company Ipt For: Primary General Other (specify)	 -	Zip Code 48787-0001 on sident, Secretary & Treasure e Year-to-Date ▼ 884.59	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	TAL of Receipts This Page (optional))	115.38

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Association of Mutual In	and Statements may not be sold or used by any persoing the name and address of any political committee to a surance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Aver City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Secretary & Treasure Aggregate Year-to-Date	Date of Receipt M M J D D J Z D O D D Z D D D D D D D D D D D D D D
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Aver City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Secretary & Treasure Aggregate Year-to-Date	Date of Receipt M M M / 26 / 2009 Transaction ID: 971443D83BA61011D9/ Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Aver City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Secretary & Treasure Aggregate Year-to-Date	Date of Receipt M M / D D D / 2009 Transaction ID: DCE0694FA33ECBB123 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (option	onal)	115.38

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 186 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Vice Pres	Zip Code 48787-0001 n sident, Secretary & Treasure Year-to-Date ▼ 884.59	Date of Receipt M M M D 2 1 2 0 0 9 Transaction ID: F633F299D124F75902C Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Vice Pres	Zip Code 48787-0001 n sident, Secretary & Treasure Year-to-Date ▼ 884.59	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Vice Pres	Zip Code 48787-0001 n sident, Secretary & Treasure Year-to-Date ▼ 884.59	Date of Receipt M M M 23 2009 Transaction ID: D7C616B93DDEBD9B96 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional	l)		115.38

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any perso he name and address of any political committee to ance Companies PAC	
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Secretary & Treasurer Aggregate Year-to-Date 884.59	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Senior Director - Federal Affairs Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Senior Director - Federal Affairs Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		78.46

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 186 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal statements and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of	State Zip Code DC 20001-2102 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mutual Insuran Receipt For: Primary General Other (specify) ▼	Senior Director - Federal Affairs Aggregate Year-to-Date ▼ 460.00	
В.	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General	State Zip Code DC 20001-2102 C Occupation Senior Director - Federal Affairs Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20001-2102	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Director - Federal Affairs Aggregate Year-to-Date ▼ 460.00	
	SUBTOTAL of Receipts This Page (optional)		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 186 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General	, '	Zip Code 20001-2102 on Director - Federal Affairs e Year-to-Date ▼ 460.00	Date of Receipt 0 9 1 1 2 0 0 9 Transaction ID: 3FE5B557C092F109B73 Amount of Each Receipt this Period 20.00
В.	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	1	Zip Code 20001-2102	Date of Receipt M M M / D D 25 / 2009 Transaction ID: 364D87765FF13099BBE Amount of Each Receipt this Period 20.00
 C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	, '	Pirector - Federal Affairs	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number)		<u> </u>	60.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			on for the purpose of soliciting contributions a solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General		Zip Code 20001-2102 on Director - Federal Affairs e Year-to-Date ▼ 460.00	Date of Receipt 10 27 2009 Transaction ID: F45379905C6D0C79C93 Amount of Each Receipt this Period 20.00
 B.	Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 20001-2102	Date of Receipt M M M
	Full Name (Last, First, Middle Initial) Arthur L. Meadows Mailing Address R.D. #1, Box 166-A City Moundsville FEC ID number of contributing federal political committee. Name of Employer Pan Handle Farmers Mutual Insurance Co Receipt For: Primary General Other (specify)	State WV C Occupation Presiden Aggregate		Date of Receipt M M M Z 7 Z 7 Z 0 0 9 Transaction ID: 9E6656103C9BF65D84 Amount of Each Receipt this Period 50.00
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	90.00

SCHEDULE A	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo	ses, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First Kevin M. Meskell Mailing Address 5 City Quincy FEC ID number of c federal political common Name of Employer Quincy Mutual Fire Ince Company Receipt For: Primary Other (specify	7 Washington Street State MA ontributing nittee. C Occupa Execut Aggree	02169-5303	Date of Receipt M M M / 27 / 2009 Transaction ID: 6C8557DA32831A3A666 Amount of Each Receipt this Period 20.00
Full Name (Last, First Tricia A. Mickley, CPA Mailing Address Particiant A. Mickley, CPA Mailing Address Particiant Address Participation of City Mount Carroll Mutual Insurance Confederal Primary Other (specify	O Box 31 State IL Ontributing nittee. I Fire General Occup: Secret Aggree	61053-0031	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First David Middleton Mailing Address Particular Programment Programment Programment Primary Other (specify	O Box 68700 State IN ontributing nittee. C Occupa Contro Aggree General	46268-0700 ation	Date of Receipt M M O O O O O O O O O O O O O O O O O
SUBTOTAL of Receip	ts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any personal statements may not be sold or used by any personal statement and address of any political committee ance Companies PAC	
Full Name (Last, First, Middle Initial) David Middleton Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Controller Aggregate Year-to-Date 420.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Middleton Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Controller Aggregate Year-to-Date 420.00	Date of Receipt O 7 3 1 2 0 0 9 Transaction ID: A53C2B05D0A49B95 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) David Middleton Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Controller Aggregate Year-to-Date 420.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) David Middleton Mailing Address PO Box 68700 City Indianapolis	State IN	Zip Code 46268-0700	Date of Receipt 0 9 0 1 2 0 0 9 Transaction ID: 88BCF1ADA7DAE16F92 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupatio Controlle Aggregate		20.00
3.	Full Name (Last, First, Middle Initial) David Middleton Mailing Address PO Box 68700 City Indianapolis	State IN	Zip Code 46268-0700	Date of Receipt M M M
	FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupatio Controlle	n	20.00
_ }.	Full Name (Last, First, Middle Initial) David Middleton Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	State IN C	Zip Code 46268-0700	Date of Receipt M M
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupatio Controlle Aggregate		
	SUBTOTAL of Receipts This Page (optional)			60.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			on for the purpose of soliciting contributions a solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) David Middleton Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Date of Receipt 10 13 2009 Transaction ID: 68729E98D4369E84914 Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Controlle Aggregate		
В.	Full Name (Last, First, Middle Initial) David Middleton Mailing Address Box 68700			Date of Receipt 10 27 2009
	City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Controller Aggregate		
С.	Full Name (Last, First, Middle Initial) David Middleton Mailing Address Box 68700			Date of Receipt
	City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 41D56936386C504E111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Controller Aggregate		
	SUBTOTAL of Receipts This Page (optional) .			60.00
	TOTAL This Period (last page this line numbe	r only)	I	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) National Association of Mutual In	and Statements may not be sold or used by any pering the name and address of any political committee surance Companies PAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brian Morris Mailing Address PO Box 452 City Franklin FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Insurance Company of Jo Receipt For: Primary General Other (specify)	State Zip Code IN 46131-0452 C Occupation Director Aggregate Year-to-Date 325.00	Date of Receipt O 7 O 8 2 0 0 9 Transaction ID: A88F995D5D77E20F15 Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial) Carolyn B. Muller Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Aggregate Year-to-Date 235.00	Date of Receipt M M D D 2 0 0 9 Transaction ID: 59E79C5E6B4493D781 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Carolyn B. Muller Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Aggregate Year-to-Date 235.00	Date of Receipt 10 30 2009 Transaction ID: DD8C7CD4BFB0EC5BA Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (option	nal)	375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 186 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and address of any political committee t	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Joel P. Murray Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026-1850 C Occupation Division Manager-Marketing Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William C. Myers Mailing Address One Commerce Squa 2005 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary Other (specify)	State Zip Code PA 19103-7008 C Occupation Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Katherine Noirot Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Senior Vice President, Personal Line Aggregate Year-to-Date 360.00	Date of Receipt 0 7 2 7 2 0 0 9 Transaction ID: 3C0EE391C9F07AEAE Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		70.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur-	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Katherine Noirot Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48909-8160 In ice President, Personal Line e Year-to-Date ▼ 360.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8
В.	Full Name (Last, First, Middle Initial) Katherine Noirot Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	_	Zip Code 48909-8160	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 6 2 0 0 9 Transaction ID: EE05F58C679DD23F44I Amount of Each Receipt this Period 40.00
_ C.	Full Name (Last, First, Middle Initial) Katherine Noirot Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48909-8160 n ice President, Personal Line e Year-to-Date 360.00	Date of Receipt M M M / B B D / Y Y Y Y Y Transaction ID: 4B48BCC0DB92B344D3 Amount of Each Receipt this Period 40.00
	SUBTOTAL of Receipts This Page (optional)			120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 186 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura		on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Deborah Osborn Mailing Address 7676 Hillmont St Ste 120 City Houston FEC ID number of contributing federal political committee. Name of Employer Connective Technologies, Inc. Receipt For: Primary General Other (specify)	 sident - Sales e Year-to-Date ▼ 1110.00	Date of Receipt 0 9 28 2009 Transaction ID: 1BC441F3790A7298BDF Amount of Each Receipt this Period 260.00
В.	Full Name (Last, First, Middle Initial) Deborah Osborn Mailing Address 7676 Hillmont St Ste 120 City Houston FEC ID number of contributing federal political committee. Name of Employer Connective Technologies, Inc. Receipt For: Primary General Other (specify)	 Zip Code 77040-6468 on sident - Sales e Year-to-Date ▼ 1110.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: A83C90CED47078D848 Amount of Each Receipt this Period 425.00
_ C.	Full Name (Last, First, Middle Initial) Deborah Osborn Mailing Address 7676 Hillmont St Ste 120 City Houston FEC ID number of contributing federal political committee. Name of Employer Connective Technologies, Inc. Receipt For: Primary General Other (specify) ▼	 Zip Code 77040-6468 on sident - Sales e Year-to-Date ▼ 1110.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)	 	1110.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 186 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personante name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions osolicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Otto Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For:	State Zip Code MI 48909-8160 C Occupation Vice President, Financial Accounting Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Francis Pandolfi Mailing Address PO Box 40	400.00	Date of Receipt 1 0 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 40202FF06A2712531
Norwich	CT 06360-0040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	330.00
Name of Employer New London County Mutual Ins.CO. (NLC) Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 330.00	
Full Name (Last, First, Middle Initial)	-	Date of Receipt
John A. Paul, Pfmm Mailing Address 127 Pearl St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5D278DCCE4D65517
Council Bluffs FEC ID number of contributing federal political committee.	IA 51503-0824	Amount of Each Receipt this Period 500.00
Name of Employer Western lowa Mutual Insur- ance Associat Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 2500.00	
CURTOTAL (Descripto This Press (outline))	1230.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John A. Paul, Pfmm Mailing Address 127 Pearl St City Council Bluffs FEC ID number of contributing federal political committee. Name of Employer Western lowa Mutual Insurance Associat Receipt For: Primary Other (specify)	State Zip Code IA 51503-0824 C Occupation President Aggregate Year-to-Date 2500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) John A. Paul, Pfmm Mailing Address PO Box 498 City Council Bluffs FEC ID number of contributing federal political committee. Name of Employer Western lowa Mutual Insurance Associat Receipt For: Primary General Other (specify)	State Zip Code IA 51502-0498 C Occupation President Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mary S. Pierce Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	al)	775.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 186 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mary S. Pierce Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Aggregate	e Year-to-Date ▼ 235.00	Date of Receipt 10 30 2009 Transaction ID: E3E4198ABE344728FA Amount of Each Receipt this Period 25.00
- В.	Full Name (Last, First, Middle Initial) Mike Pike Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Com-	State MI C Occupation Director	Zip Code 48909-8160	Date of Receipt 0 7 27 2009 Transaction ID: BB7E7449531AF63102E Amount of Each Receipt this Period 250.00
_ C.	pany Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William A. Poppen Mailing Address PO Box 9 City	State	e Year-to-Date ▼ 250.00 Zip Code	Date of Receipt 0 9 1 4 2 0 0 9 Transaction ID: 9C060386C79F0858BF
	De Smet FEC ID number of contributing federal political committee. Name of Employer De Smet Farm Mutual Insurance Company Receipt For: Primary General Other (specify) ▼		57231-0009 on Manager e Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 300.00
	SUBTOTAL of Receipts This Page (optional) .			575.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 186 (check only one) X 11a
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Peter Poshepny Mailing Address 555 College Road Ea City Princeton FEC ID number of contributing federal political committee. Name of Employer Munich Reinsurance America, Inc. Receipt For: Primary General Other (specify)	State NJ C Occupation Vice Pre		Date of Receipt 0 9 29 2009 Transaction ID: 105D509FA5CA95139F4 Amount of Each Receipt this Period 400.00
— В.	Full Name (Last, First, Middle Initial) Robert T. Ramsdell, Cpcu Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual	State CT C	Zip Code 06360-0040	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Road		n e Year-to-Date ▼ 330.00	Date of Receipt
	City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation Director	Zip Code 46268-1154 on - Public Policy Research e Year-to-Date 460.00	Transaction ID: 85C3C621FDE9C5DC48 Amount of Each Receipt this Period 20.00
s	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Roa City	id State	Zip Code	Date of Receipt 0 7 1 7 2 0 0 9 Transaction ID: 6AF630BFE6B6414EAE
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-1154	Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		on - Public Policy Research e Year-to-Date ▼ 460.00	
3.	Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Roa	ıd		Date of Receipt
	City	State	Zip Code	0 7 3 1 2 0 0 9 Transaction ID: 488B11E9E54F7D2354
	<u>Indianapolis</u>	IN	46268-1154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer National Association of Mutual Insuran Receipt For:	-, '	on - Public Policy Research e Year-to-Date ▼	
	Primary General Other (specify) ▼	, iggi ogai	460.00	
	Full Name (Last, First, Middle Initial) David Reddick, Ph.D.			Date of Receipt
	Mailing Address 3601 Vincennes Roa	ıd		08 14 2009
	City	State	Zip Code	Transaction ID: 5DE002D34A8C7BC6F3
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-1154	Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For:		on - Public Policy Research e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	460.00	
\[\frac{1}{2} \]	SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 186 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Inst	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Ro City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-1154 C Occupation Director - Public Policy Research Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Ro City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Ro City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-1154 C Occupation Director - Public Policy Research Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 186 (check only one) X 11a
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Road City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation Director	- Public Policy Research • Year-to-Date ▼ 460.00	Date of Receipt M M M / D D D / Y Y Y Y Y 1 0 1 3 2 0 0 9 Transaction ID: 425AAAFC827FF8A59A Amount of Each Receipt this Period 20.00
_ 3.	Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Road City Indianapolis FEC ID number of contributing	State IN	Zip Code 46268-1154	Date of Receipt M M M
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		n - Public Policy Research e Year-to-Date ▼ 460.00	
_ >.	Full Name (Last, First, Middle Initial) David Reddick, Ph.D. Mailing Address 3601 Vincennes Road City	l State	Zip Code	Date of Receipt M
	Indianapolis FEC ID number of contributing federal political committee.	IN C	46268-1154	Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	_ '	n - Public Policy Research e Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional) .			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any person ne name and address of any political committee to sance Companies PAC	
Full Name (Last, First, Middle Initial) Joe Reid Mailing Address PO Box 5 City Reynolds FEC ID number of contributing federal political committee. Name of Employer Hamlet Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code IL 61279-0005 C Occupation Secretary/Treasurer Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M D D D 2 2 0 0 9 Transaction ID: DFA79477162605C03. Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Liz Reynolds, Cpcu, Api Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date	Date of Receipt 10 13 2009 Transaction ID: F21840CF05DD75898 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Liz Reynolds, Cpcu, Api Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date 230.00	Date of Receipt M M M / D D / 2 7
SUBTOTAL of Receipts This Page (optional)	<u> </u>	270.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any person the name and address of any political committee to stance Companies PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Liz Reynolds, Cpcu, Api Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Southeast Reginate Year-to-Date 230.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jonathan R. Riekse Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company	State Zip Code MI 48909-8160 C Occupation Vice President	Date of Receipt M M J J J J J J J J J J J J J J J J J
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jonathan R. Riekse Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 290.00 State Zip Code MI 48909-8160 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice President Aggregate Year-to-Date ▼ 290.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	70.00

	EDULE A (FEC Form 3X) ZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 186 (check only one) X 11a
or for co	rmation copied from such Reports and mmercial purposes, other than using t E OF COMMITTEE (In Full) onal Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Jonat Mailir City Lans FEC feder Name Auto- pany	ID number of contributing al political committee. e of Employer Owners Insurance Com-	State MI C Occupation Vice Pre Aggregate		Date of Receipt M M M J D D J 2009 Transaction ID: 0143826C60976D67029 Amount of Each Receipt this Period 30.00
B. Linwo Mailir City Rich FEC feder Name Mutu of Vir	Adame (Last, First, Middle Initial) and Gerald Roach, Cpcu, Flmi and Address PO Box 6927 amond ID number of contributing al political committee. e of Employer al Assurance Society rginia application of the contributing application of the contributing all political committee. e of Employer all Assurance Society rginia application of the contributing all political committee.	State VA C Occupation Presiden Aggregate		Date of Receipt M M M O D D O 2 2 0 0 9 Transaction ID: 8FF3DB272D41F9AAE8 Amount of Each Receipt this Period 210.00
C. Linwo Mailir City Rich FEC feder Name Mutu of Vir	Adame (Last, First, Middle Initial) and Gerald Roach, Cpcu, Flmi and Address PO Box 6927 amond ID number of contributing al political committee. e of Employer al Assurance Society rginia application for: Primary General Other (specify)	State VA C Occupation Presiden Aggregate		Date of Receipt M M M O D D O D O D O D O D O D O D O D
SUBTO	PTAL of Receipts This Page (optional)			450.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee t	on for the purpose of soliciting contributions
∠	Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State VA C Occupatio Presiden	Zip Code 23230-0927	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ 3.	Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi Mailing Address PO Box 6927 City Richmond FEC ID number of contributing	State VA	Zip Code 23230-0927	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	rederal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary Other (specify) ▼	Occupation Presiden Aggregate		100.00
-	Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee.	State VA	Zip Code 23230-0927	Date of Receipt M M
	Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	Occupatio Presiden Aggregate		
Γ	SUBTOTAL of Receipts This Page (optional)			520.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 186 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual Institute (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to surance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230-0927 C Occupation President Aggregate Year-to-Date 2350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Troy Robinson Mailing Address 500 South US Hig City Yoakum FEC ID number of contributing federal political committee. Name of Employer Hochheim Prairie Farm Mutual Insurance Receipt For: Primary General Other (specify)	hway 77-A State Zip Code TX 77995-1318 C Occupation District Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Rosenow Mailing Address PO Box 116 City Fountain City FEC ID number of contributing federal political committee. Name of Employer Fountain City Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 54629-0116 C Occupation Manager Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 81A955D63AD7FAC03A Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (option	nal)	760.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 186 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur			
∠ A.	Full Name (Last, First, Middle Initial) Rodney J. Rupp Mailing Address 6101 Anacapri Boule City Lansing FEC ID number of contributing federal political committee.	State MI	Zip Code 48917-3968	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		e Vice President e Year-to-Date 580.00	
_ 3.	Full Name (Last, First, Middle Initial) Rodney J. Rupp Mailing Address 6101 Anacapri Boule	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 1F410A051E9E1A00B6
	Lansing	MI	48917-3968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Auto-Owners Insurance Com- pany		e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregati	e Year-to-Date ▼ 580.00	
- :.	Full Name (Last, First, Middle Initial) Rodney J. Rupp			Date of Receipt
	Mailing Address 6101 Anacapri Boule	evard		10 06 2009
	City	State	Zip Code	Transaction ID: 4478C7F14EB39211F5
	Lansing FEC ID number of contributing	C	48917-3968	Amount of Each Receipt this Period 60,00
	federal political committee.	C		66.66
	Name of Employer Auto-Owners Insurance Com- pany		e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 580.00	
	SUBTOTAL of Receipts This Page (optional)			170.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 186 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any pers the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rodney J. Rupp Mailing Address 6101 Anacapri Bou City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Executive Vice President Aggregate Year-to-Date 580.00	Date of Receipt M M M / D B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Randy A. Sabers Mailing Address PO Box 610 City Salem FEC ID number of contributing federal political committee. Name of Employer McCook Farm Mutual Insurance Company o Receipt For: Primary General Other (specify)	State Zip Code SD 57058-0610 C Occupation Manager Aggregate Year-to-Date 385.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 5 2 0 0 9 Transaction ID: 02CE941B8DCF045AFA Amount of Each Receipt this Period 315.00
Full Name (Last, First, Middle Initial) Randy A. Sabers Mailing Address PO Box 610 City Salem FEC ID number of contributing federal political committee. Name of Employer McCook Farm Mutual Insurance Company o Receipt For: Primary General Other (specify)	State Zip Code SD 57058-0610 C Occupation Manager Aggregate Year-to-Date 385.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional	l)	395.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	ne name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Timothy B. Salge Mailing Address 309 East San Antoni City New Braunfels FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Associat Receipt For: Primary General Other (specify)	State TX C Occupation Presiden	Zip Code 78130-4537 on tt/General Manager e Year-to-Date ▼ 270.00	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Ronald Scheck Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary General Other (specify)	State MN C Occupation Director Aggregate	Zip Code 55943-0708	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ С.	Full Name (Last, First, Middle Initial) Linda M. Schmidt Mailing Address 500 South US Highw City Yoakum FEC ID number of contributing federal political committee. Name of Employer Hochheim Prairie Farm Mutual Insurance Receipt For: Primary General Other (specify)	State TX C Occupation Secretar	Zip Code 77995-1318 on y/Treasurer e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			520.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Inst	nd Statements may not be sold or used by any pers to the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Pamela Schmidt Mailing Address 1460 Wells Street City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022-3003 C Occupation Homemaker Aggregate Year-to-Date 450.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Pamela Schmidt Mailing Address 1460 Wells Street City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022-3003 C Occupation Homemaker Aggregate Year-to-Date 450.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Pamela Schmidt Mailing Address 1460 Wells Street City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022-3003 C Occupation Homemaker Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M D D Q 2 8 2 0 0 9
SUBTOTAL of Receipts This Page (optional	(ls	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any personant the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth Schroeder Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Vice President Aggregate Year-to-Date 360.00	Date of Receipt M M M / 27 / 2009 Transaction ID: F56A5A0D9CE4F6A9FA Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Kenneth Schroeder Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Vice President Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kenneth Schroeder Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Vice President Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	110.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 186 (check only one) X 11a
or fo	vinformation copied from such Reports and or commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Kenneth Schroeder Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Vice Pre Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B	Full Name (Last, First, Middle Initial) Dale R. Schuh Mailing Address 1800 North Point Dr City Stevens Point FEC ID number of contributing federal political committee. Name of Employer Sentry Insurance a Mutual Company Receipt For: Primary General Other (specify)	State WI C Occupation Chairma	Zip Code 54481-1253 on n, President & CEO e Year-to-Date ▼ 2000.00	Date of Receipt M M M O 4 2009 Transaction ID: B14B90C05C80C2A8272 Amount of Each Receipt this Period 2000.00
C. <u>9</u>	Full Name (Last, First, Middle Initial) Stephen Scott Mailing Address 200 North Main Stre City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State MD C Occupation Director	Zip Code 21014-3554	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 2 2 0 0 9 Transaction ID: 0B8A823650E7D2F2650 Amount of Each Receipt this Period 250.00
su	JBTOTAL of Receipts This Page (optional))		2290.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 186 (check only one) X 11a
or f	y information copied from such Reports and or commercial purposes, other than using t NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Martin Shapiro Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State CT C Occupation Director Aggregate	Zip Code 06360-0040 on e Year-to-Date ▼	Date of Receipt M M M O D D O O O O O O O O O O O O O O
В.	Full Name (Last, First, Middle Initial) Stephanie Sheridan Mailing Address 122 C Street Northwe Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State DC C Occupation PAC Coor		Date of Receipt M M M / D D 2 2009 Transaction ID: D426E50B9212570F99A Amount of Each Receipt this Period 10.00
	Full Name (Last, First, Middle Initial) Stephanie Sheridan Mailing Address 122 C Street Northwe Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State DC C Occupation PAC Coor		Date of Receipt M M D D 27 2009 Transaction ID: E7D2AB3191622C63AF4 Amount of Each Receipt this Period 10.00
SI	JBTOTAL of Receipts This Page (optional)			350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 186 (check only one) X 11a
A 0	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Stephanie Sheridan Mailing Address 122 C Street Northwe Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State DC C Occupatio PAC Coo		Date of Receipt M M M J D D J D J D J D J D J D J D J D
В.	Full Name (Last, First, Middle Initial) Christopher G. Shipe, Cpcu, Ait Mailing Address PO Box 58 City Waterford FEC ID number of contributing federal political committee. Name of Employer Loudoun Mutual Insurance Company Receipt For: Primary General Other (specify)	State VA C Occupation Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Ronald Simon, Flmi Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupatio CEO Aggregate	Zip Code 48909-8160 n e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y 2 0 0 9 Transaction ID: 561D3CC911A5DF502A Amount of Each Receipt this Period 2500.00
	SUBTOTAL of Receipts This Page (optional) .			2530.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 186 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) National Association of Mutual Insura			
<u> </u>	Full Name (Last, First, Middle Initial) Ronald Simon, Flmi Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee.	State MI	Zip Code 48909-8160	Date of Receipt M M M / D D / Y Y Y Y Y O 9 28 2009 Transaction ID: CCFF836D1EFF803F27 Amount of Each Receipt this Period 390.00
	Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate	e Year-to-Date ▼ 2890.00]
3.	Full Name (Last, First, Middle Initial) Jeffrey Sims Mailing Address 8777 N Gainey Center Ste 220 City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Scottsdale FEC ID number of contributing federal political committee. Name of Employer Madison Scottsdale Receipt For: Primary General		85258-2133 on Managing Director e Year-to-Date ▼	Amount of Each Receipt this Period 205.00
 ;.	Other (specify) Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700	0 0	205.00	Date of Receipt 0 7 0 6 2 0 0 9
	City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Transaction ID: 4F5F934A5A5A882F12 Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		on t Vice President - Member S e Year-to-Date ▼ 460.00	Serv
s	UBTOTAL of Receipts This Page (optional)			615.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 186 (check only one) X
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
National Association of Mutual Insur	ance Companies PAC	
Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700		Date of Receipt
City	State Zip Code	0 7 1 7 2 0 0 9 Transaction ID: 8EFDB62C6EC5C8C2D
<u>Indianapolis</u>	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - Member S	Ger y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
Mailing Address PO Box 68700		07 31 7 2009
City	State Zip Code	Transaction ID: D096D2BABACBE09AE
<u>Indianapolis</u>	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - Member S	Gery
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
Mailing Address PO Box 68700		0 8
City	State Zip Code	Transaction ID: 8FFCB8C310FA4148F3
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of	Occupation Assistant Vice President - Member S	jerv
Mutual Insuran Receipt For:	Aggregate Year-to-Date ▼	· · ·
Primary General Other (specify) ▼	460.00	
		60.00

SCHEDULE A (FEC Form	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Association of Mutua	using the name and ad	Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Kristen Sizelove Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation Assistan	Zip Code 46268-0700 on nt Vice President - Member S e Year-to-Date ▼ 460.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial Kristen Sizelove Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation Assistan	Zip Code 46268-0700 on nt Vice President - Member S e Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Kristen Sizelove Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State IN C Occupation Assistan	Zip Code 46268-0700 on nt Vice President - Member S e Year-to-Date ▼ 460.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (o	ptional)		60.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 186 (check only one) X
or for commercia	copied from such Reports and Il purposes, other than using the DMMITTEE (In Full) sociation of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Kristen Sizelov Mailing Addre City Indianapolis FEC ID numb federal politica Name of Emp National Asso Mutual Insura Receipt For:	ss PO Box 68700 Separate of contributing all committee. Soloyer ociation of an		Zip Code 46268-0700 n t Vice President - Member Serente	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (La Kristen Sizelov Mailing Addre City Indianapolis	ast, First, Middle Initial) ve Box 68700	State IN	Zip Code 46268-0700	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emp National Asso Mutual Insura Receipt For:	oloyer ociation of an	- · ·	n t Vice President - Member Se e Year-to-Date ▼ 460.00	20.00 erv
Kristen Sizelov Mailing Addre City Indianapolis FEC ID numb	PO Box 68700 See of contributing	State IN	Zip Code 46268-0700	Date of Receipt M M M
Name of Emp National Asso Mutual Insura Receipt For: Primary Other (s	oloyer ociation of un		n t Vice President - Member Se e Year-to-Date ▼ 460.00	
SUBTOTAL of	Receipts This Page (optional)	1		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 186 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane D. Smith, Pfmm Mailing Address PO Box 452 City Franklin FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Insurance Company of Jo Receipt For: Primary General Other (specify)	State Zip Code IN 46131-0452 C Occupation Secretary/Manager Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Franklin P. Smith, Jr. Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360-0040 C Occupation Director Aggregate Year-to-Date ▼ 330.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 597E851E4B93A93DE4 Amount of Each Receipt this Period 330.00
Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic, Mailing Address One Commerce Squa 2005 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19103-7008 C Occupation President & CEO Aggregate Year-to-Date 2490.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1080.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 186 (check only one) X
or f	y information copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic, Mailing Address One Commerce Squa 2005 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General	State PA C Occupation Presiden	t & CEO Year-to-Date ▼	Date of Receipt M M M O B O B O B O D O D O D O D O D O D O D
В.	Other (specify) Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic, Mailing Address One Commerce Squa 2005 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran	State PA C Occupation Presiden		Date of Receipt M M M / D D / 28 / 2009 Transaction ID: 126BC66FEDF96BCAB3 Amount of Each Receipt this Period 1550.00
 c.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic, Mailing Address One Commerce Squa 2005 Market Street City Philadelphia		Year-to-Date ▼ 2490.00 Zip Code 19103-7008	Date of Receipt M M
	FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	Occupation President Aggregate		50.00
SI	JBTOTAL of Receipts This Page (optional)			1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur-	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	
Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic, Mailing Address One Commerce Squizono Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code PA 19103-7008 C Occupation President & CEO Aggregate Year-to-Date 2490.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John R. Spielberger Mailing Address 200 North Main Stree City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014-3554 C Occupation Senior Vice President/General Couns Aggregate Year-to-Date 520.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert H. Steele Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360-0040 C Occupation Director Aggregate Year-to-Date 330.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 186 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul G. Stueven Mailing Address 1285 Highway 15 So City Fairmont FEC ID number of contributing federal political committee. Name of Employer Fairmont Farmers Mutual Insurance Comp Receipt For: Primary General Other (specify)	uth State Zip Code MN 56031-4461 C Occupation Manager/Treasurer Aggregate Year-to-Date ▼ 2850.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Douglas M. Sullivan, Cic, Pfmm Mailing Address PO Box 37 City Orion FEC ID number of contributing federal political committee. Name of Employer Svea Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code IL 61273-0037 C Occupation Manager/Secretary/Treasurer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Claims Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		370.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Claims Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Claims Aggregate Year-to-Date ▼ 460.00	Date of Receipt M M M J D D J 2009 Transaction ID: A8FB4D536368C090BB Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Claims Aggregate Year-to-Date 460.00	Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	- '	Zip Code 46268-0700 n sident - Claims e Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n sident - Claims e Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Tim F. Sullivan, Rplu Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	-, '	Zip Code 46268-0700 n sident - Claims e Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			60.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13		R: PAGE 136 / 186 11c 12 15 16 17
or for commercial pu	rposes, other than using the	e name and add	y not be sold or used by any persidress of any political committee to	on for the purp o solicit contrib	oose of sol outions from	iciting contributions m such committee.
A. Tim F. Sullivan, R	PO Box 68700 of contributing ommittee. er Company, General	+ +	Zip Code 46268-0700 n sident - Claims e Year-to-Date ▼ 460.00	1 0	tion ID:	3 2009 BB25365AC91874F2A30 Receipt this Period 20.00
Tim F. Sullivan, R	PO Box 68700 of contributing ommittee. er e Company, General		Zip Code 46268-0700 n sident - Claims e Year-to-Date ▼ 460.00	1 0	2 ction ID:	
Tim F. Sullivan, R	PO Box 68700 of contributing committee. er e Company, General	+ +	Zip Code 46268-0700 n sident - Claims e Year-to-Date ▼ 460.00	1 1 Transac	tion ID:	
SUBTOTAL of Rec	eipts This Page (optional) .					60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Tagsold Mailing Address PO Box 100045 City Duluth FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code GA 30096-9345 C Occupation Senior Vice President, Actuarial Aggregate Year-to-Date 580.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey Tagsold Mailing Address PO Box 100045 City Duluth FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code GA 30096-9345 C Occupation Senior Vice President, Actuarial Aggregate Year-to-Date 580.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 356CA508FCB1F426BE Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) Jeffrey Tagsold Mailing Address PO Box 100045 City Duluth FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code GA 30096-9345 C Occupation Senior Vice President, Actuarial Aggregate Year-to-Date 580.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	······	170.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 186 (check only one)
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Association of Mutual I	sing the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Tagsold Mailing Address PO Box 100045	·		Date of Receipt 10 30 7 2009
City <u>Duluth</u> FEC ID number of contributing federal political committee.	State GA	Zip Code 30096-9345	Transaction ID: 706E29B323D3AEABEE Amount of Each Receipt this Period 60.00
Name of Employer Auto-Owners Insurance Company Receipt For: ☐ Primary ☐ General Other (specify) ▼		ce President, Actuarial Year-to-Date ▼ 580.00	
Full Name (Last, First, Middle Initial) Dave Talbert Mailing Address 500 South US H	ighway 77-A		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yoakum FEC ID number of contributing federal political committee.	State TX	Zip Code 77995-1318	Transaction ID: 59689748D861438DB5B Amount of Each Receipt this Period 250.00
Name of Employer Hochheim Prairie Farm Mut- ual Insurance Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700	l		Date of Receipt 0 7 0 6 2 0 0 9
City Indianapolis FEC ID number of contributing federal political committee.	State IN	Zip Code 46268-0700	Transaction ID: 746B34297466FF73716 Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n airs Manager/Northeast Reg Year-to-Date ▼ 460.00	ion
SUBTOTAL of Receipts This Page (opt	ional)		330.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 186 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	angle National Association of Mutual Insura	nce Compar	nies PAC	
∠ \ .	Full Name (Last, First, Middle Initial) Paul Tetrault			Date of Receipt
	Mailing Address PO Box 68700			07 17 2009
	City Indianapolis	State IN	Zip Code	Transaction ID: 6095ED447010E0CD92
	FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For:		on airs Manager/Northeast Reg	jion
	Primary General Other (specify) ▼	Aggregate	460.00	
. –	Full Name (Last, First, Middle Initial) Paul Tetrault			Date of Receipt
	Mailing Address PO Box 68700			07 31 YYYY 2009
	City	State	Zip Code	Transaction ID: D115E4B45687304887
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer National Association of Mutual Insuran	Occupatio State Aff	n airs Manager/Northeast Reg	jion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	
	Full Name (Last, First, Middle Initial) Paul Tetrault			Date of Receipt
	Mailing Address PO Box 68700			0 8 1 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 9CB9FD98F2491BB4E
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer National Association of Mutual Insuran	Occupatio State Aff	_{on} airs Manager/Northeast Reg	ion
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		460.00	
Г				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 186 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	13 14 15 16 1 son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Insu	rance Companies PAC	
Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt
Mailing Address PO Box 68700	71.0	09 / 01 / 2009
City <u>Indianapolis</u>	State Zip Code IN 46268-0700	Transaction ID: E3A93C925C6616E5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation State Affairs Manager/Northeast Re Aggregate Year-to-Date ▼ 460.00	gion
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700		Date of Receipt
City	State Zip Code	0 9 1 1 2 0 0 9 Transaction ID: 80C192BC998777C7
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation State Affairs Manager/Northeast Re Aggregate Year-to-Date ▼ 460.00	gion
Full Name (Last, First, Middle Initial) Paul Tetrault		Date of Receipt
Mailing Address PO Box 68700		09 / 25 / 2009
City	State Zip Code	Transaction ID: CA48AB88DBA4FEC
Indianapolis FEC ID number of contributing federal political committee.	IN 46268-0700	Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation State Affairs Manager/Northeast Re Aggregate Year-to-Date ▼ 460.00	gion
)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	llac concrete cohodula(a)	FOR LINE NUMBER: PAGE 141 / 186 check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any person for name and address of any political committee to solution ance Companies PAC	or the purpose of soliciting contributions icit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Northeast Region Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Northeast Region Aggregate Year-to-Date 460.00	Date of Receipt M M Z 7 Z 7 Z 0 0 9 Transaction ID: 106098D9D3F35559FF Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Northeast Region Aggregate Year-to-Date 460.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel J. Thelen Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company	State Zip Code MI 48909-8160 C Occupation	Date of Receipt 0 7 2 7 2 0 0 9 Transaction ID: EEEEB9934B8359A08 Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00]
Daniel J. Thelen Mailing Address PO Box 30660 City Lansing FEC ID number of contributing	State Zip Code MI 48909-8160	Date of Receipt M M M
federal political committee. Name of Employer Auto-Owner's Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 360.00	40.00
Full Name (Last, First, Middle Initial) Daniel J. Thelen		Date of Receipt
Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee.	State Zip Code MI 48909-8160 C	Transaction ID: 260886EAF209622E7E Amount of Each Receipt this Period 40.00
Name of Employer Auto-Owners Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	110.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	I Statements may not be sold or used by any pe he name and address of any political committee	
TValional 7133001ation of Wataar maai	ance companies i 7.0	
Full Name (Last, First, Middle Initial) Daniel J. Thelen Mailing Address PO Box 30660		Date of Receipt
City	State Zip Code	1 0 3 0 2 0 0 9 Transaction ID: 14F6F8392C6578592
Lansing	MI 48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt
Mailing Address PO Box 68700		0 7 0 6 2 0 0 9
City	State Zip Code	Transaction ID: A9B8D8B46B9049F8I
<u>Indianapolis</u>	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Aff	ai
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Joe Thesing		Date of Receipt
Mailing Address PO Box 68700		07 17 2009
City	State Zip Code	Transaction ID: 17246E03A47402F5F
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Aff	ai
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
SUBTOTAL of Receipts This Page (optional)	1	80.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any person the name and address of any political committee to cance Companies PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Assistant Vice President - State Affai Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Assistant Vice President - State Affai Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Assistant Vice President - State Affai Aggregate Year-to-Date 460.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 186 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar		on for the purpose of soliciting contributions o solicit contributions from such committee.
∠	Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	 Zip Code 46268-0700 In t Vice President - State Affaire Year-to-Date ▼ 460.00	Date of Receipt M M D D D 2009 Transaction ID: 302C19D526E442A367E Amount of Each Receipt this Period 20.00
– В.	Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	 Zip Code 46268-0700	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	 Zip Code 46268-0700 In t Vice President - State Affaire Year-to-Date ▼ 460.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)	 	60.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 186 (check only one) X
or for commercial purposes, o	other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Indianapolis FEC ID number of contrib federal political committee Name of Employer National Association of Mutual Insuran Receipt For:	State IN uting C Occupation Assistan	Zip Code 46268-0700 on It Vice President - State Affaire Year-to-Date ▼ 460.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
City Indianapolis FEC ID number of contrib federal political committee Name of Employer National Association of Mutual Insuran Receipt For:	State IN uting C Occupatic Assistan	Zip Code 46268-0700 on tt Vice President - State Affai e Year-to-Date ▼ 460.00	Date of Receipt M M M J D D J 2009 Transaction ID: 4DCB2BC95E0924DF45 Amount of Each Receipt this Period 20.00
City Fort Dodge FEC ID number of contrib federal political committee Name of Employer Heartland Mutual Insurance Association Receipt For:	enyon Rd State IA uting . Occupation Presiden		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts Thi	is Page (optional))	140.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce Thomas, Pfmm Mailing Address 409 Kenyon Rd City Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Heartland Mutual Insurance Association Receipt For: Primary General Other (specify)	State Zip Code IA 50501-5718 C Occupation President/CEO Aggregate Year-to-Date 3520.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bruce Thomas, Pfmm Mailing Address 409 Kenyon Rd City Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Heartland Mutual Insurance Association Receipt For: Primary General Other (specify)	State Zip Code IA 50501-5718 C Occupation President/CEO Aggregate Year-to-Date 3520.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bruce Thomas, Pfmm Mailing Address 409 Kenyon Rd City Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Heartland Mutual Insurance Association Receipt For: Primary General Other (specify)	State Zip Code IA 50501-5718 C Occupation President/CEO Aggregate Year-to-Date 3520.00	Date of Receipt M M / D D / Y Y Y Y Y O 9 28 2009 Transaction ID: 648B9E6E25DAE93289 Amount of Each Receipt this Period 2500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2700.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insura	ance Compan	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Bruce Thomas, Pfmm			Date of Receipt
	Mailing Address 409 Kenyon Rd	10 16 2009		
	City Fort Dodge	State IA	Zip Code 50501-5718	Transaction ID: 5EE191B3A36625F12F6 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Heartland Mutual Insurance Association	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3520.00	
Б.	Full Name (Last, First, Middle Initial) Bruce Thomas, Pfmm Mailing Address 409 Kenyon Rd	·		Date of Receipt
		10 27 2009		
	City Fort Dodge	State IA	Zip Code 50501-5718	Transaction ID: B90119A55092CBD153F
	FEC ID number of contributing federal political committee.	C	30301-3716	Amount of Each Receipt this Period 20.00
	Name of Employer Heartland Mutual Insurance Association	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3520.00	
с. С.	Full Name (Last, First, Middle Initial) Gary W. Thompson, Cpcu, Cic			Date of Receipt
	Mailing Address PO Box 618			07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C28B45AB6DBA20E664
	Columbia	MO	65205-0618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Columbia Mutual Insurance Company		e Vice President/COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			620.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any per the name and address of any political committee rance Companies PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President of Administration Aggregate Year-to-Date 897.00	Date of Receipt M M / D D D / Y Y Y Y Y O 7
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President of Administration Aggregate Year-to-Date 897.00	Date of Receipt O 7
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President of Administration Aggregate Year-to-Date 897.00	Date of Receipt O 7
SUBTOTAL of Receipts This Page (optional))	117.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			son for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth	State MI	Zip Code 48734	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident of Administration • Year-to-Date ▼ 897.00	39.00
В.	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City	State	Zip Code	Date of Receipt M M D D D 2 2 0 0
	Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		n sident of Administration e Year-to-Date 897.00	Amount of Each Receipt this Period 39.00
С.	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue	1		Date of Receipt Date of Receipt 1 1 2 0 0 9
	City Frankenmuth FEC ID number of contributing federal political committee.	State MI	Zip Code 48734	Amount of Each Receipt this Period 39.00
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	, '	sident of Administration e Year-to-Date 897.00	
	SUBTOTAL of Receipts This Page (optional) .			117.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any pers the name and address of any political committee to rance Companies PAC	
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President of Administration Aggregate Year-to-Date 897.00	Date of Receipt M M M D 2 1 2 0 0 9 Transaction ID: 9CCE93D4E845C60C8D Amount of Each Receipt this Period 39.00
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President of Administration Aggregate Year-to-Date 897.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 0 9 2 0 0 9 Transaction ID: C8A600A409DC6E63DC Amount of Each Receipt this Period 39.00
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President of Administration Aggregate Year-to-Date 897.00	Date of Receipt M M M 23 2009 Transaction ID: 29762FCEF85B4897676 Amount of Each Receipt this Period 39.00
SUBTOTAL of Receipts This Page (optional))	117.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 186 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48734 n sident of Administration e Year-to-Date 897.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: ED6A77551B5422CC56 Amount of Each Receipt this Period 39.00
	Full Name (Last, First, Middle Initial) John E. Trott, Jr. Mailing Address 500 US Highway 77a City Yoakum FEC ID number of contributing federal political committee. Name of Employer Hochheim Prairie Farm Mutual Insurance Receipt For: Primary General Other (specify)	State TX C Occupatio Presiden		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) John E. Trott, Jr. Mailing Address 500 US Highway 77a City Yoakum FEC ID number of contributing federal political committee. Name of Employer Hochheim Prairie Farm Mutual Insurance Receipt For: Primary General Other (specify)	State TX C Occupatio Presiden		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	SUBTOTAL of Receipts This Page (optional)	1		2129.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 186 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Operations Aggregate Year-to-Date 230.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Operations Aggregate Year-to-Date 230.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Operations Aggregate Year-to-Date 230.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any personne name and address of any political committee to	
Full Name (Last, First, Middle Initial) Aaron Valentine Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Vice President & CFO Aggregate Year-to-Date 240.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Aaron Valentine Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company. Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Vice President & CFO Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert A. Wadsworth, Cic,Cpcu Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Chairman Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	2550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	ne name and ad	Idress of any political committee to	on for the purpose of soliciting contributions
/	,	апсе Соптрат	TILES PAC	
Α.	Full Name (Last, First, Middle Initial) Robert J. Wagner			Date of Receipt
	Mailing Address PO Box 618			07 15 2009
	City	State	Zip Code	Transaction ID: 74A93BDB398C38362D
	Columbia	MO	65205-0618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Columbia Insurance Group	Occupation Presider		
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼	99.19	250.00	
_ 3.	Full Name (Last, First, Middle Initial) Randy Walker	.		Date of Receipt
	Mailing Address 5602 Riverside Drive			08 20 2009
	City	State	Zip Code	Transaction ID: 755CD7D91118CF7459
	<u>Dublin</u>	OH	43017-1547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Mutual Insurance Com-	Occupation	on -Chairman	
	pany Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregat		
	Other (specify)		250.00	
-).	Full Name (Last, First, Middle Initial) James J. Walsh, Jr.	l		Date of Receipt
-	Mailing Address PO Box 30660			08 31 2009
	City	State	Zip Code	Transaction ID: 12F6D4F576D118251B
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Auto-Owners Insurance Com-	Occupation		
	pany		esident-Claims	_
	Receipt For: Primary General	Aggregat	e Year-to-Date ▼	
	Other (specify) ▼	0 0	320.00	
	SUBTOTAL of Receipts This Page (optional)			540.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 186 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persor ne name and address of any political committee to sance Companies PAC	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James J. Walsh, Jr. Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Vice President-Claims Aggregate Year-to-Date 320.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) James J. Walsh, Jr. Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Vice President-Claims Aggregate Year-to-Date 320.00	Date of Receipt M M J J D D J Z D J Z D D D Z D D D D D D D
Full Name (Last, First, Middle Initial) lan R. Ward Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Senior Vice President, Investments an Aggregate Year-to-Date 360.00	Date of Receipt M M Z Z Z Z Z Z D O 9 Transaction ID: B1923DC014BD94D9C Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	110.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persor he name and address of any political committee to sance Companies PAC	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) lan R. Ward		Date of Receipt
Mailing Address PO Box 30660	Ctata 7'in Cada	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lansing	State Zip Code MI 48909-8160	Transaction ID: E4F54E96191D7FBF Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Senior Vice President, Investments an	d
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) lan R. Ward Mailing Address PO Box 30660		Date of Receipt
		10 06 2009
City Lansing	State Zip Code MI 48909-8160	Transaction ID: C5826BC47CD56D3I
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Senior Vice President, Investments an	_ g
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) lan R. Ward		Date of Receipt
Mailing Address PO Box 30660		10 30 7 2009
City Lansing	State Zip Code MI 48909-8160	Transaction ID: 8D16C4052E80F1B7 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Senior Vice President, Investments an	d
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 186 (check only one) X 11a
or f	y information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Mark Wenger Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupatio Actuary Aggregate	Zip Code 48909-8160 In e Year-to-Date ▼	Date of Receipt M M
B	Full Name (Last, First, Middle Initial) Mark Wenger Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupatio Actuary Aggregate	Zip Code 48909-8160 In e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mark Wenger Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupatio Actuary Aggregate	Zip Code 48909-8160 In e Year-to-Date ▼	Date of Receipt M M M
SL	JBTOTAL of Receipts This Page (optional)		<u></u>	126.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 186 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date 858.00	Date of Receipt M M M O 7 O 8 O 9 Transaction ID: 6906E1DA12980EACE Amount of Each Receipt this Period 39.00
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date 858.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date 858.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		117.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 160 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)			Date of Receipt M M J D D J 2009 Transaction ID: CC3BAD32FA19792B84 Amount of Each Receipt this Period 39.00
SUBTOTAL of Receipts This Page (optional)			117.00

SCHEDULE A (FE	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, NAME OF COMMITTEE	other than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M James W. Wilds, Cpcu, Art Mailing Address One I City Frankenmuth FEC ID number of contrib federal political committee Name of Employer Frankenmuth Mutual Insurace Company Receipt For:	Mutual Avenue State MI buting e. Occupation Vice Pre		Date of Receipt 0 9 2 1 2 0 0 9 Transaction ID: 32BE68F9D06D859E0C Amount of Each Receipt this Period 39.00
Full Name (Last, First, M James W. Wilds, Cpcu, Art Mailing Address One I	iddle Initial) m,	858.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth FEC ID number of contril federal political committee Name of Employer Frankenmuth Mutual Insunce Company Receipt For: Primary Other (specify)	occupation Vice Pre		Transaction ID: 0C52BECA80266FF0F8 Amount of Each Receipt this Period 39.00
Full Name (Last, First, M James W. Wilds, Cpcu, Art Mailing Address One I City Frankenmuth FEC ID number of contril federal political committed Name of Employer Frankenmuth Mutual Instance Company Receipt For: Primary Other (specify)	Mutual Avenue State MI Duting e. Occupating Vice Pre		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts Tr	nis Page (optional)		117.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal part of any political committee to note Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation Vice President Aggregate Year-to-Date 858.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Woodbury Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Vice President & Associate General C Aggregate Year-to-Date 258.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Woodbury Mailing Address 6101 Anacapri Boulev City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Vice President & Associate General C Aggregate Year-to-Date 258.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		99.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 186 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any personal the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Woolley Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111 C Occupation Director-Vice Chairman-Secretary Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D 2009 Transaction ID: 0BF8C06D155473BB0B Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Jeffrey S. Wrobel, Sr., Cpcu, Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230-0927 C Occupation IS & Services Manager Aggregate Year-to-Date 367.40	Date of Receipt M M M O D D O 2 O D P Transaction ID: 4262BA2AEF6D76175A Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Jeffrey S. Wrobel, Sr., Cpcu, Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230-0927 C Occupation IS & Services Manager Aggregate Year-to-Date 367.40	Date of Receipt M M M O D D O 2 2009 Transaction ID: 30F0AAE20ACEF72EDE Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional	ı) j	291.68

SCHEDULE A (FEC FITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, othe NAME OF COMMITTEE (In F National Association of M	than using the name and actual)	ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Jeffrey S. Wrobel, Sr., Cpcu, Mailing Address PO Box 6 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary Gener Other (specify)	927 State VA C Occupation IS & Sen Aggregat	Zip Code 23230-0927 on rvices Manager e Year-to-Date ▼ 367.40	Date of Receipt 10 02 2009 Transaction ID: 3EB0093BB9C42CCA4E Amount of Each Receipt this Period 90.00
Full Name (Last, First, Middle Jeffrey S. Wrobel, Sr., Cpcu, Mailing Address PO Box 6 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary Gener Other (specify)	927 State VA C Occupation IS & Ser Aggregat	Zip Code 23230-0927 on rvices Manager e Year-to-Date ▼ 367.40	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Jeffrey S. Wrobel, Sr., Cpcu, Mailing Address PO Box 6 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary Gener Other (specify)	927 State VA C Occupation IS & Ser Aggregat	Zip Code 23230-0927 on rvices Manager re Year-to-Date ▼ 367.40	Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Pa	ge (optional)		130.84

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	nd Statements may not be sold or used by any pe g the name and address of any political committee urance Companies PAC	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael A. Yeager Mailing Address 1047 W Hamilton S City Allentown FEC ID number of contributing federal political committee. Name of Employer Mutual Insurance Company of Lehigh Cou	State Zip Code PA 18101-1012 C Occupation President & CEO	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 915.00	
Full Name (Last, First, Middle Initial) Michael A. Yeager Mailing Address 1047 W Hamilton	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 63EA80753A237D3CFI
Allentown	PA 18101-1012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	315.00
Name of Employer Mutual Insurance Company of Lehigh Cou Receipt For: Primary General Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date 915.00	
Full Name (Last, First, Middle Initial) Steve Zabriskie		Date of Receipt
Mailing Address PO Box 30660		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City	State Zip Code	Transaction ID: 25C5E82344049CAC5
Lansing	MI 48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
CURTOTAL of Possints This Poss (ention	al)	435.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 186 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jerry G. Zenke, Pfmm Mailing Address 42846 County Road City Dakota FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 55925-4094 C Occupation General Manager/Treasurer Aggregate Year-to-Date 1230.00	Date of Receipt M M M / D D / 2 8 2 0 0 9 Transaction ID: 0D67AB26A374173C14 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Jerry G. Zenke, Pfmm Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 55943-0708 C Occupation General Manager/Treasurer Aggregate Year-to-Date 1230.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jerry G. Zenke, Pfmm Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 55943-0708 C Occupation General Manager/Treasurer Aggregate Year-to-Date 1230.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		230.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 186 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any per- the name and address of any political committee rance Companies PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cc Services Inc Country Political Action Comm Mailing Address 1701 N Towanda Av PO Box 2020 City Bloomington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt M M J D D J Z 2 0 0 9 Transaction ID: EE73824F068BA1F9E42 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Cuna Mutual Insurance Society Political Action Mailing Address 5910 Mineral Point F Mail Stop 5910 4 A2 City Madison FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	Rd, PO Box 747	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Nationwide Mutual Insurance Company Politice Mailing Address One Nationwide Place 1-27-10 City Columbus FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	8000.00
TOTAL This Period (last page this line numb	per only)	8000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 186 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ance Companies PAC	
Full Name (Last, First, Middle Initial) Moore for Congress Mailing Address PO Box 14631		Date of Receipt 1 0 0 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Shawnee Mission	State Zip Code KS 66285	Transaction ID: 80F861C808EA66884FF Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Refund of 7/15/09 Contrib-
Name of Employer Receipt For: Primary Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00	ution 17/13/09 Continus

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

	EMIZED DISBURSEMENTS		parate schedule(s) category of the	FOR LINE (check only	one)	PAGE 169 / 186
		Detailed	Summary Page	X 21b 27	22 23 28a 28	24 25 26 28c 29 30
	ed from such Reports and sposes, other than using the					
NAME OF COM	, ,					
National Assoc	ciation of Mutual Insura	ınce Companie	s PAC			
Full Name (Last, Chase Bank	First, Middle Initial)				Transaction Date of Disbu	ID: 7EE5094970F6876D4
						3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	8751 N Michigan Ro	oad 			07	2009
City Indianapolis		State IN	Zip Code 46268		Amount of Ea	ch Disbursement this Period
Purpose of Disbu	rsement					113.96
Candidate Name				001 Category/		
Office Squabt:	Hausa Di	sbursement For:		Туре		
Office Sought:	Senate	Primary	General			
State:	President District:	Other (sp	ecify) 🔻			
Full Name (Last,	First, Middle Initial)				Transaction	ID: 3E206C2D0786530B
Chase Bank					Date of Disbu	
Mailing Address	8751 N Michigan Ro	oad			08 7	3 1 Y 2 0 0 9
City		State	Zip Code		Amount of Ea	ch Disbursement this Period
Indianapolis Purpose of Disbu	rsement	IN	46268			53.87
Bank Fees Candidate Name				001		
Gandidate Name				Category/ Type		
Office Sought:	House Dis	sbursement For:	General			
	President	Other (sp				
State:	District: First, Middle Initial)				T	ID 040400DDD00407D
Chase Bank	, not, modio milaly				Date of Disbu	ID: CA613CBDB88467DE
Mailing Address	8751 N Michigan Ro	oad			09 4	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
City		State	Zip Code		Amount of Ea	ch Disbursement this Period
Indianapolis Purpose of Disbu	rsement	IN	46268			50.23
Bank Fees				001		
Candidate Name				Category/ Type		
Office Sought:		sbursement For:	Canaral			
	Senate President	Primary Other (sp	General ecify)			
State:	District:					

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 170 / 186 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Transaction ID: B5728AF976ABF764856 Chase Bank Date of Disbursement 3 1 1[™]0 2009 Mailing Address 8751 N Michigan Road City State Zip Code Amount of Each Disbursement this Period Indianapolis IN 46268 310.84 Purpose of Disbursement Bank Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: V2487501CC3CDA4B3D31 NAMIC Administrative Fund Date of Disbursement 0 2 2009 Mailing Address 3601 Vincennes Road City State Zip Code Amount of Each Disbursement this Period 46268 Indianapolis IN 5991.67 Purpose of Disbursement Silent Auction 1/3 Rule Reimbursement 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	6302.51
TOTAL This Period (last page this line number only)	•	6520.57

Other (specify)

State:

CHEDULE B (FEC FOIII 3X)		Use separate schedule(s	(check only	IE NUMBER: PAGE 171 / 186 nlv one)						
_	BURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3						
				for the purpose of soliciting contributions licit contributions from such committee						
NAME OF COMMI		aric and address of arry pointe		Hote Contributions from Such Committee						
1	ation of Mutual Insurance	e Companies PAC								
Full Name (Last, Fi	rst, Middle Initial)			Transaction ID: C1ADAC687BAB343 Date of Disbursement						
Mailing Address	919 Congress Ave Sui	te 1400		0 7						
City	Frost Bank Plaza	State Zip Code		Amount of Each Disbursement this Period						
Austin		TX 78701		2000.00						
Purpose of Disburs 2009 Contribution	ement		011	2000.00						
Candidate Name Alamo Pac			Category/ Type							
Office Sought:	Senate President	rsement For: 2009 Primary General X Other (specify)								
		ribution								
Full Name (Last, Fi Bachmann for C				Transaction ID: 8FE13C92266742EC Date of Disbursement						
Mailing Address	PO Box 25950			$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}9^{M}\end{smallmatrix} \ / \ \begin{bmatrix}D\\2\end{smallmatrix}2^{D} \ / \ \begin{bmatrix}Y&Y&Y&Y&Y\\2\end{smallmatrix}0\end{smallmatrix}0\;9^{Y}$						
City Woodbury		State Zip Code MN 55125		Amount of Each Disbursement this Period						
Purpose of Disburs 2010 Primary	ement		011	1000.00						
Candidate Name Michele M. Bach	ımann		Category/ Type							
	X House Disbu Senate President District: 06	x Primary General Other (specify)	1							
Full Name (Last, Fi Bennett Election	,			Transaction ID: BFB22E8A1D41D46: Date of Disbursement						
Mailing Address	175 South West Temp	le Suite 650		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$						
City Salt Lake City		State Zip Code UT 84101		Amount of Each Disbursement this Period						
Purpose of Disburs 2010 Primary	ement		011	1000.00						
Candidate Name Robert F. Benne			Category/ Type							
Office Sought:	χ Senate President	rsement For: 2010 X Primary General Other (specify) ▼	1							
State: UT [District:									

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 172 / 186		
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30		
	y Information copied from such Reports and Stater for commercial purposes, other than using the name of the commercial purposes.						
\rangle	NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC					
7	Full Name (Last, First, Middle Initial) Berkley for Congress			Transaction ID: 89AEF05 Date of Disbursement	445AEFFF8		
	Mailing Address 3069 Conquista Court			09 / 22 / 2	2 0 0 9 °		
	City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursemen			
	Purpose of Disbursement 2010 Primary Candidate Name		011 Category/	19	500.00		
	Shelley Berkley	ement For: 2010	Type				
		Primary General Other (specify) ▼					
	Full Name (Last, First, Middle Initial) Bob Corker for Senate 2012			Transaction ID: 5363CE5			
	Mailing Address PO Box 848 PO Box 848			11 / 11 / 2	2 0 0 9 °		
	City Chattanooga	State Zip Code TN 37401		Amount of Each Disbursemen			
	Purpose of Disbursement 2012 Primary Candidate Name		011 Category/	10	00.00		
	Bob Corker	ement For: 2012	Type				
		Primary General Other (specify) ▼					
	Full Name (Last, First, Middle Initial) Boren for Congress			Transaction ID: 8705C213			
	Mailing Address PO Box 1924				2 0 0 9 °		
	City Muskogee	State Zip Code OK 74402		Amount of Each Disbursemen			
	Purpose of Disbursement 2010 Primary Candidate Name		011	10	00.00		
	Daniel Boren	ement For: 2010	Category/ Type				
		Primary General Other (specify) ▼					
	UBTOTAL of Disbursements This Page (optional)			35	00.00		

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23					
	and address of any political co	mmittee to soil	cit contributions from St	uch committee				
` '	Namaniaa DAC							
National Association of Mutual Insurance C	companies PAC							
Full Name (Last, First, Middle Initial)			Transaction ID: 89	06959FB937929C6EC				
Capuano for Senate Committee								
Mailing Address 172 Central St			10 7	Ž O Ď 9 Š				
			Amount of Each Disb					
Purpose of Disbursement 2009 Special		011		1000.00				
Michael E. Capuano		Category/ Type						
X Senate President X	Primary General							
State: MA District: Special								
Transaction ID: E78A6FEAE City Sometime ID: Special Cardidate Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen Mailing Address PO Box 326 City State: MA District: Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen Mailing Address PO Box 326 City State: WA District: 02 Full Name (Last, First, Middle Initial) Coandidate Name Rick Larsen Office Sought: X House Purpose of Disbursement 2010 Primary Candidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Condidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Coburn for Senate 2010 Mailing Address Post Office Box 977 City City State X Primary Candidate Name Rick Larsen Office Sought: X House Purpose of Disbursement Category' Type Office Sought: X House Purpose of Disbursement Category' Type Office Sought: X House Purpose of Disbursement Category' Type Office Sought: X House Purpose of Disbursement Category' Type Office Sought: X House Purpose of Disbursement Category' Type Office Sought: X House Purpose of Disbursement Category' Type Office Sought: X Primary Candidate Name Rick Larsen Office Sought: X Primary Candidate Name Category' Type Office Sought: X Primary Candidate Name Coburn Office Sought: X Primary Candidate Name Purpose of Disbursement Disbursement Category' Type Office Sought: X Primary Candidate Name Purpose of Disbursement Disb								
Mailing Address PO Box 326			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix}$	y žošg				
			Amount of Each Disb					
2010 Primary				1000.00				
Senate X President	Primary General							
Full Name (Last, First, Middle Initial)								
Mailing Address Post Office Box 977			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	2009				
•			Amount of Each Disb					
2010 Primary				2500.00				
Gandidate Name Tom A. Coburn								
X Senate X	Primary General	71						
SUBTOTAL of Disbursements This Page (optional) .				4500.00				
TOTAL This Period (last page this line number only)								

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 174 / 186 check only one)
	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30
	y Information copied from such Reports and State for commercial purposes, other than using the nan		ry person for the purpose of soliciting contributions nittee to solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC	
<u>v</u>	Full Name (Last, First, Middle Initial) David Scott for Congress		Transaction ID: C670B956EE3D6E59 Date of Disbursement
	Mailing Address PO Box 960821		10 M / D 2 D / Y Y Y O Y 9 Y
	City Riverdale	State Zip Code GA 30296	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary		1000.00
	Candidate Name David Albert Scott	Ty	egory/ ype
	Senate >	ement For: 2010 Primary General Other (specify)	
	State: GA District: 13 Full Name (Last, First, Middle Initial) Defend America Pac		Transaction ID: E5B9F1C5F85689BA
	Mailing Address PO Box 2626		Date of Disbursement M M M D D D Y Y Y Y O Y 9 Y
	City Tuscaloosa	State Zip Code AL 35403	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	Ö	11 4000.00
	Candidate Name Defend America Pac		egory/ ype
	Senate	ement For: 2009 Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress		Transaction ID: 8399AF21F286CE9F6 Date of Disbursement
	Mailing Address PO Box 7783 PO Box 7783		10 M / D 2 1 / Y 2 0 0 9 Y
	City Rockford	State Zip Code IL 61126	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary		1000.00
	Candidate Name Donald A. Manzullo		egory/ ype
	Senate >	ement For: 2010 Primary General Other (specify)	
	State: IL District: 16		

			Use separate schedule(s)			: NUMBI v one)		L	PAGE 1/5/186			
111	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À 2	21b 27	22 28a	X 23 28b	22	4 2 3c 2			
or fo	r Information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any politic										
	National Association of Mutual Insurar	ce Companies PAC										
	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress					Date	of Disbur			91EB2F5		
	Mailing Address Post Office Box 9336					0 9		2 2	20	0.9		
(City Fargo	State Zip Code ND 58106				Amo	unt of Eac	h Disbu	rsement th	nis Period		
:	Purpose of Disbursement 2010 Primary			011		L.			1000	.00		
	Candidate Name Earl Pomeroy			ategoi Type	y/							
	Office Sought: X House Senate President State: ND District: 01	ursement For: 2010 X Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress						saction II		'83B9D4	DE6D43E		
Ī	Mailing Address Post Office Box 9336					1 ^M 0	M / D	2 1 /	y žo	ý 9 ^Y		
	City Fargo	State Zip Code ND 58106				Amo	unt of Eac	h Disbu	rsement th	nis Period		
1	Purpose of Disbursement 2010 Primary			011		L.			2500	.00		
-	Candidate Name Earl Pomeroy			ategoi Type	y/							
	Office Sought: X House Senate President State: ND District: 01	ursement For: 2010 X Primary General Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)					of Disbur	sement	A18FEF	CF4BEFI		
Ī	Mailing Address 25 East Main Street,	Suite 200				0,0	M / D	22	y žo	ό9		
	City Richmond	State Zip Code VA 23219				Amo	unt of Eac	h Disbu	rsement th	nis Period		
	Purpose of Disbursement 2009 Contribution			011		<u>L</u> .			2500	.00		
	Candidate Name Every Republican Is Crucial (ERICPAC)		ategoi Type	y/							
	Senate President	ursement For: 2009 Primary General X Other (specify)	1									
	State: District: Con	tribution										
	JBTOTAL of Disbursements This Page (option	201)			_				6000	00		

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N (check only	
		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
Ü	NAME OF COMMITTEE (In Full)	and address of any pointed out		0.000.000.000.000.000.000.000.000.000
$ \rangle$	National Association of Mutual Insurance	Companies PAC		
	Full Name (Last, First, Middle Initial)			Transaction ID: 503E5176198B419D8
	Freedom Project; the			Date of Disbursement
	Mailing Address 631-B Pennsylvania Ave Basement Unit	., SE		$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement	20000		5000.00
	2009 Contribution		011	
	Candidate Name Freedom Project; the		Category/ Type	
		ement For: 2009		
	Senate President	Primary General Other (specify) ▼		
	State: District: Contrib			
	Full Name (Last, First, Middle Initial)			Transaction ID: E09FC2C84BE5B82E
	Friends of Bill Posey			Date of Disbursement
	Mailing Address PO Box 360877			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Melbourne	State Zip Code FL 32936		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary		011	2000.00
	Candidate Name Bill Posey	C	Category/ Type	
	X III	ement For: 2010 Primary General Other (specify)		
	State: FL District: 15			
	Full Name (Last, First, Middle Initial) Friends of Chris Dodd			Transaction ID: 6A951D77911CE2545 Date of Disbursement
	Mailing Address PO Box 270701			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ Y & 2 & Q & Q & Q \end{bmatrix}$
	City West Hartford	State Zip Code CT 06127		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary		011	5000.00
	Candidate Name Christopher J. Dodd		Category/ Type	
	·	ement For: 2010 Primary General Other (specify)	. 100	
		- :		
_	State: CT District:			

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		-	Use sepa	FOR LINE (check on	_	· · · · · · · · · · · · · · · · · · ·								
. I C			113	for each category of the Detailed Summary Page			21b 27	22 28		23 28b	\mathbf{L}	24 28c	2 2		26 30l
		d from such Reports poses, other than us													
	NAME OF COMM		ing the name	and addres	ss of any political	COII	iiiiiiiee io s	Olicit CC	וטוווווטו	JUONS II	OIII St	JCH C	ווווווווווווווווווווווווווווווווווווווו	.ee	
•		iation of Mutual I	nsurance (Companie	s PAC										
/	Tull Name (Leat 1	-irot Middle Initial)						1							
	Friends of Johr	First, Middle Initial) n Tanner						1		tion ID Disburs	emen				
_	Mailing Address	Post Office Bo Post Office Bo	x 1994						1		I 1	Ĺ		ŏ9°	
	City Union City			State TN	Zip Code 38281			An	nount	of Each	n Disb	urser			riod
2	Purpose of Disbu 2010 Primary	rsement					011						1000	.00	
-	Candidate Name John S. Tannei						ategory/ Type								
(Office Sought:	X House Senate President		ement For: Primary Other (spe	2010 General										
	State: TN	District: 08													
	Full Name (Last, I Friends of Marl	First, Middle Initial) < Warner								tion ID Disburs			E859 <i>i</i>	437B	3941
N	Mailing Address	201 North Unio	on Street S	Suite 300				1	0 M	/ D	7	/ Y	ž 0	ŏ 9 °	
	City Alexandria			State VA	Zip Code 22314			An	nount	of Each	n Disb	urser	nent th	nis Per	riod
	Purpose of Disbu 2014 Primary	rsement					011						1000	.00	
	Candidate Name Mark R. Warne	er					ategory/ Type								
(Office Sought:	House X Senate President		ement For: Primary Other (spe	2014 General										
	State: VA	District:			,, ,										
	Full Name (Last, f Great America:	First, Middle Initial) n Fund								tion ID Disburs	emen		CCFI	-7AC	E80E
N	Mailing Address	PO Box 83142	<u> </u>					1	0 M	/ D	7	/ Y	ž o	ý 9 [°]	
	City Gaithersburg			State MD	Zip Code 20883			An	nount	of Each	n Disb	urser	nent th	nis Per	riod
	Purpose of Disbur 2009 Contribution					Γ	011						1500	.00	
	Candidate Name Great America	n Fund					ategory/ Type								
	Office Sought:	House Senate President	X	ement For: Primary Other (spe	2009 General										
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SCHEDOLE B (I LC I OHII 3X)	Use separate schedule(s)	(check on	= NUMBER: ilv one)	PAGE 1/8/186
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC			
Full Name (Last, First, Middle Initial) Guthrie for Congress Mailing Address PO Box 9639			Date of Disburs	D: EB4ABBAE91E0D8D9 sement
City Bowling Green	State Zip Code KY 42102		Amount of Eac	h Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Brett Guthrie		011 Category/		1000.00
	sement For: 2010 X Primary General Other (specify)	Турс		
Full Name (Last, First, Middle Initial) Hoosiers for Hill Mailing Address PO Box 1071			Date of Disburs	DDC036A1711A9E24 sement 2 1
City Seymour Purpose of Disbursement 2010 Primary Candidate Name Baron P. Hill	State Zip Code IN 47274	011 Category/ Type	Amount of Eac	1000.00
Office Sought: X House Senate President State: IN District: 09	sement For: 2010 X Primary General Other (specify)	,,		
Full Name (Last, First, Middle Initial) Ike Skelton for Congress Committee			Transaction IE Date of Disburs	
Mailing Address PO Box A				1 1 2 0 0 9
City Harrisonville	State Zip Code MO 64701		Amount of Eac	h Disbursement this Period
Purpose of Disbursement 2010 Primary		011		1000.00
Candidate Name Ike Skelton		Category/ Type		
Office Sought: X House Senate President State: MO District: 04	sement For: 2010 X Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional	<u> </u>			3000.00

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City Urba	ana			State OH	Zip Code 43078			<i>A</i>	Amou	nt of Ead	h Disbu				od
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	ce Sought: e: OH	X House Senate President District: 04		Primary Other (spe	2010 General										
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City New	wport Beach			State CA	Zip Code 92660			<i>I</i>	Amou	nt of Ead	h Disbu				od
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1	ion of Mutual Insuran	ice Companie	s PAC							
Full Name (Last, First	t, Middle Initial)					Trans	saction II	D: 63EB	F35BC	1F09A6
McCotter Congres						Date	of Disbur	sement		ý 9 ^Y
	PO Box 530788					0 7		15	20	0.9
City Livonia		State MI	Zip Code 48153			Amo	unt of Eac	h Disburs		
Purpose of Disburser 2010 Primary	nent			Г	011	<u>L.</u>			2000	.00
Candidate Name Thaddeus G. McC	otter				ategory/ Type					
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Full Name (Last, First McCotter Congres	t, Middle Initial)						saction II of Disbur		B1697	231817F
Mailing Address	PO Box 530788					1 ^M 0	M / D	07 /	Ý Ž0	ŏ 9 °
City Livonia		State MI	Zip Code 48153			Amo	unt of Eac	h Disburs	ement th	nis Period
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Full Name (Last, First McHenry for Cong							saction II of Disbur		253A7	7CA9FF
Mailing Address	PO Box 1406					1 ^M 0	M / D	07 /	Ý Ž0	o 9
City Hickory		State NC	Zip Code 28603			Amo	unt of Eac	h Disburs	ement th	nis Period
Purpose of Disburser 2010 Primary	nent			Г	011	7		1000	.00	
Candidate Name Patrick Timothy M				Ca	ategory/ Type					
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	ne and address of any political									
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	Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate Mailing Address PO Box 1948						of Disbu	ID: 30 irsemen			66EC947
	City Boise	State Zip Code ID 83701				Amou	nt of Ea	ch Disb	oursen	nent th	nis Period
	Purpose of Disbursement 2010 Primary Candidate Name Michael D. Crapo		Ca)11 egory/		L.				2500	.00
	Office Sought: House Disburs	ement For: 2010 Remary General Other (specify)	·	уре							
	Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee Mailing Address PO Box 360					Date	of Disbu	ID: 78 irsemen			E5C7AI
	City Prescott Purpose of Disbursement 2010 Primary	State Zip Code AR 71857)11		Amount of Each Disbursement this Perio					
	Candidate Name Mike Ross		Ca	egory/ ype							
		ement For: 2010 Primary General Other (specify)		<i>.</i> .							
	Full Name (Last, First, Middle Initial) Moore for Congress					Date	of Disbu	ırsemen		C997	1F59340
	Mailing Address PO Box 16646					0 ^M 7	M /	15	/ Y	ž 0	0 9 °
	City Milwaukee	State Zip Code WI 53216				Amou	nt of Ea	ch Disb			nis Period
	Purpose of Disbursement 2010 Primary		()11		L.				1000	.00
	Candidate Name Gwendolynne Moore			egory/ ype							
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	ne and address of any political c								
	Full Name (Last, First, Middle Initial) Moore for Congress					Date	of Disburs	sement	F3AEA43B67	_
	Mailing Address PO Box 14631					0 ^M 7	M / D	15	[°] 2009	Y
	City Shawnee Mission	State Zip Code KS 66285				Amou	int of Eac	h Disbu	rsement this P	eriod
	Purpose of Disbursement 2010 Primary Candidate Name Dennis Moore		Cat)11 egory/					1000.00	
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)		ype						
	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski Mailing Address 103 South Hanover Street	et				Date	of Disburs		1E8B2BC11E	
	City Nanticoke Purpose of Disbursement 2010 Primary	State Zip Code PA 18634)11		Amou	int of Eac	h Disbu	rsement this P	eriod
	Candidate Name Paul E. Kanjorski		Cat	egory/ ype						
		ement For: 2010 Primary General Other (specify)								
	Full Name (Last, First, Middle Initial) Pete Sessions for Congress					Date	of Disburs	sement	5568D6C36	AC7AF
	Mailing Address PO Box 823047					0 ^M 9	M / D	22	[°] 2009	Y
	City Dallas	State Zip Code TX 75382				Amou	int of Eac	h Disbu	rsement this P	eriod
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	Candidate Name Pete Sessions			egory/ ype						
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/ ⁿ	National Assoc	iation of Mutual I	nsurance C	companie	s PAC										
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	Candidate Name Richard M. Bur	r					ategory/ Type								
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_	Candidate Name						ategory/								
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_	Phoenix			AZ	85064			- [-			1000	00	
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	Candidate Name Senate Majority Fund			Category/ Type											
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_	3 -	Senate		Primary	General										
		President		Other (spe	ecify)										
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EMIZED DISBURSEMENTS	for each category o Detailed Summary	Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b				
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NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·								
National Association of Mutual Insurance (Companies PAC								
Full Name (Last, First, Middle Initial)					37E71AD51E2E612066				
Senate Majority Fund				Date of Disburse					
Mailing Address PO Box 32025				11 1	1 2009				
City Phoenix	State Zip Code AZ 85064			Amount of Each	Disbursement this Period				
Purpose of Disbursement	7.= 0000.				1500.00				
2009 Contribution Candidate Name			011						
Senate Majority Fund			tegory/ Type						
Office Sought: House Disburse Senate	ement For: 200 Primary Ge	09 eneral							
	Other (specify)	en len an							
State: District: Contrib	ution								
Full Name (Last, First, Middle Initial) Sherman for Congress				Transaction ID: Date of Disburse	: 31F8FD9A0903AB8FE				
				M M / D	D / Y Y Y Y				
Mailing Address 555 So. Flower St. Suite	1210			10 2	2009				
	State Zip Code CA 90071			Amount of Each	Disbursement this Period				
Los Angeles Purpose of Disbursement	CA 90071		•		1000.00				
2010 Primary			011						
Candidate Name Brad J. Sherman			ategory/ Type						
	ement For: 201 Primary Ge	10 eneral							
President	Other (specify)	en len an							
State: CA District: 27									
Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson				Transaction ID: Date of Disburse	: CC7ED1D6CA04DBB0 ement				
Mailing Address PO Box 822				10 D	2009				
Mailing Address PO Box 822 400 Broadway, Suite 501									
	State Zip Code MO 63702			Amount of Each	Disbursement this Period				
Purpose of Disbursement	00702				1000.00				
2010 Primary			011						
Candidate Name Jo Ann Emerson			ategory/ Type						
	ement For: 201	-							
Senate X President	Primary Ge Other (specify)	eneral							
State: MO District: 08	- (-1)/ 🔻								
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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 (check only	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC		
Full Name (Last, First, Middle Initial) Tiberi for Congress			Transaction ID: 07177D41B1CCA34A391 Date of Disbursement
Mailing Address 2931 E Dublin Granville Suite 190	Road		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 3 & 1 \\ 0 & 3 & 1 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 2 & 0 & 0 & 9 \\ 0 & 2 & 0 & 0 & 9 & M \end{bmatrix}$
City Columbus	State Zip Code OH 43231		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary		011	1000.00
Candidate Name Pat Tiberi		Category/ Type	
	ement For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress			Transaction ID: 85A5349C85797066C87 Date of Disbursement
Mailing Address 1071 Twin Branch Ln			10 D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Weston	State Zip Code FL 33326		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary		011	1000.00
Candidate Name Debbie Wasserman Schultz		Category/ Type	
· -	ement For: 2010 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	73500.00

State: FL

District: 20

	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	_	PAGE 186 / 186
_		Detailed Summary Page		22 23 28 X 28b 28b	24 25 26 28c 29 30b
	Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) National Association of Mutual Insurance C	Companies PAC			
Α.	Full Name (Last, First, Middle Initial) NAMIC Administrative Fund			Date of Disbursemen	
	Mailing Address 3601 Vincennes Road			10 / 21	2009
		State Zip Code IN 46268		Amount of Each Dis	bursement this Period
	Purpose of Disbursement Transfer of 9/29/09 Forbes PAC Contribution to Ac	Iministrative Fund	010		300.00
	Candidate Name		Category/ Type		
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) NAMIC Administrative Fund			Date of Disbursemen	
	Mailing Address 3601 Vincennes Road			111 02	2009
		State Zip Code IN 46268		Amount of Each Dis	bursement this Period
	Purpose of Disbursement Transfer of Canadian contributions received on 10/	27/09	010		180.00
	Candidate Name		Category/ Type		
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	480.00
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