

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different
than previously
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☒

Special (12G)

Election on

1 2

0 8

2 0 0 9

in the
State of

MA

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

0 7

0 1

2 0 0 9

through

1 1

1 8

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg Dykstra

Signature of Treasurer

Electronically Filed by Gregg Dykstra

Date

1 1

2 5

2 0 0 9

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 186

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	1	1	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		31031.58
(b) Cash on Hand at Beginning of Reporting Period	69261.06	
(c) Total Receipts (from Line 19)	98318.68	233900.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	167579.74	264932.01
7. Total Disbursements (from Line 31)	80500.57	177852.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87079.17	87079.17
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	1	0	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	8000.00	30500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	97283.74	232828.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	34.94	71.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98318.68	233900.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98318.68	233900.43

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating 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 Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73500.00	169000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	480.00	1580.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	480.00	1580.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	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

FEC Form 3X (Rev. 02/2003)

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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

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)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: CB541BB92BB1FC9BBB6

Amount of Each Receipt this Period

33.34

B.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 02F0ACB5B4EE560D212

Amount of Each Receipt this Period

33.34

C.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

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federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: F61E191FC414ACA2D8E

Amount of Each Receipt this Period

33.34

SUBTOTAL of Receipts This Page (optional)

100.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 186

(check only one)

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

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Zip Code

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Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	9

Transaction ID: 401D25528662ECFF7CD

Amount of Each Receipt this Period

33.34

B.

Full Name (Last, First, Middle Initial)

Todd E. Albert

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City

Bucyrus

State

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C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: 9DB5B559D30B8899E83

Amount of Each Receipt this Period

33.34

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	9

Transaction ID: 4F9002B94516E21A870

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

105.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City

Indianapolis

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46268-0700

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federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 1F056A2B4ABE5DE3438

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

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federal political committee.

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National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: E5E6DC67FE94B5BFDDDD

Amount of Each Receipt this Period

39.00

C.

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Mutual Insuran

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Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: F0C21375DB3B19189EE

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

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Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

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federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: E8E03997FE65554287B

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

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46268-0700

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C

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Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 4E54B145B94D31310E0

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: 77BAEB391D5705A58F7

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 35696E5ABA83FA312E0

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: B0ED74E14E9ABD19E80

Amount of Each Receipt this Period

39.00

C.

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Neil Alldredge

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Indianapolis

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Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 2EB47BB69FC6E2D6C78

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Diane Allen

Mailing Address 6101 Anacabri Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Personnel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: BE6BEDE0C0D84AC4D66

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Diane Allen

Mailing Address 6101 Anacabri Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Personnel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: B3F146CD71244F691D7

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Diane Allen

Mailing Address 6101 Anacabri Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Personnel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 200211253BCB6D0EF35

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Anastanio

Mailing Address 350 California Street
Suite 2100

City	State	Zip Code
San Francisco	CA	94104-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Reinsurance Corpo-
rationOccupation
West Region Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: 859A258C5A6E8067DFA

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	9

Transaction ID: 21A00B35B8F033C688A

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	9

Transaction ID: BA12A52FD36A6A062BF

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 13C9E8FD2EBF39EE6B7

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: F990D345C5E14FD0BCF

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 884A78BFFC6D928399D

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 77FC9F89AF19024B286

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: BBC27719ACCD3822822

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 98D6A3A8C1C51F4EBDB

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: F714BC62FB4B4FA6EB6

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 9C4EA3B2C613EF61B07

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

John B. Arbuckle, Jr., Cic,

Mailing Address PO Box 589

City

Lewisburg

State

WV

Zip Code

24901-0589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Home Fire Insuran-
ce Company of

Occupation

Secretary-Treasurer/Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 594E8D42B6503B73923

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3040.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Herman J. Arends

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	9

Transaction ID: 4A022E4BDF3F9F3CD85

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gordon P. Assad

Mailing Address PO Box 9062

City

Williamsville

State

NY

Zip Code

14231-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie & Niagara Insurance
AssociationOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	9

Transaction ID: 7395009EE93973BB4D0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

W. Kim Austen

Mailing Address PO Box 974

City

Des Moines

State

IA

Zip Code

50306-0974

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLIED Property and Casua-
lty InsuranceOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: C4781A3A3FF26F3AC65

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Lisa M. Ayotte

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 33AB41910AFE01E21BA

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Lisa M. Ayotte

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A5F4083E14C7A370EDF

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James Baes

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: 9510255FB58F7FB1251

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Roger Ballard, CPA

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Mutual Insurance
Company

Occupation

Senior Vice President/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 0898095D9231D310A48

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tommy Barre

Mailing Address 500 US Highway 77a S

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 20581E7044988A02BF3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: DBDCF0C06402497ECA3

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

615.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: EDCA0BD7C2488AD35F8

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: C149B16912F12044577

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: AC09D5E219B181D7089

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

346.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	9

Transaction ID: 70E1C7613BC74B24B08

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: 6F2CF9713F8BA80F16D

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: CCA97142EA0CA7C755B

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

346.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 27B37FE8116DC9993CE

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: BD949AF3A7665488522

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 0315E0436742EB04137

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

346.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles Billingsly

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: D24BFC72E4F454A0E25

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Stuart R. Birn

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First Vice President, Secretary & Gene

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: E778EF6E49DBCE37921

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Stuart R. Birn

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First Vice President, Secretary & Gene

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 6A09D7B70AC7F29AA9C

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stuart R. Birn

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

First Vice President, Secretary & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: A17EB884A3EDA446FEE

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Stuart R. Birn

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

First Vice President, Secretary & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 558343AB461B82FA08F

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

John J. Bishop, Cpcu, Clu

Mailing Address 471 East Broad Street

City
Columbus

State
OH

Zip Code
43215-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Motorists Mutual Insurance
Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C8674E205D1D1A63D59

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gina Boone

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Mutual Insurance
Company

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 9C4637FC3470B72B264

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephen F. Boyd

Mailing Address 170 S Independence Mall West
the Curtis Center

City

Philadelphia

State

PA

Zip Code

19106-3388

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 3958352539D801F1E2F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brian V. Boyden

Mailing Address One State Farm Plaza, E-12

City

Bloomington

State

IL

Zip Code

61701-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Mutual Automob-
ile Insurance

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 26177A2753796522B00

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: E5595CC80F39F24C5B1

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: DDB588D0FDDDB257C0ED

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: BB5A752FFB8BC6A3327

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

37.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: B0806E1D0BB7F7E6CA1

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 7785409859F1FF6CBC6

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8ED80CC8145B2C2DFDB

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

37.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 7EA1D3FCAD0C26AF892

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Applications Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 6D19EBAD55374AB26A6

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Applications Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 28535FE024A4D4E073D

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

82.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Applications Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 0624E8AE1E6FF084690

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Applications Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: B098A09E30F3C109CA8

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Thaddeus J. Buda

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: 174214187ACD8DB6D57

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Buell

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 073AF527E20CF10C98E

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Richard Cagney

Mailing Address 400 Linden Ave
Ste 1

City
Wilmette

State
IL

Zip Code
60091-2883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cagney Network

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

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

State
IL

Zip Code
60091-2883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cagney Network

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: FBCFF8E4127E8D84D32

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kevin Carson

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 97D79E3166F0DAE14D7

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

John S. Case

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 2B77139D15AD61E68CD

Amount of Each Receipt this Period

20.84

C.

Full Name (Last, First, Middle Initial)

John S. Case

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 6B2CC70F9139BA3164D

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)

366.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: C1B3BB8D49FCE018FB2

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 3FC3121565161540DCE

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 8259EDDD31613B048CA

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 00A9948CC0F8565A177

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: B245D902263B16FF451

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: B69E145DF527791BE36

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

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Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: F20CF0ABFA53F33C5A2

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8A737F4D7AA4F284C87

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 18859EC089CE861B22C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: B70D201323BEE601D44

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / 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

State

CT

Zip Code

06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Insurance Com

Occupation

Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: 5786C321EFA9CD107DF

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Linda Church

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: 489149F7A69DBCDFD3DA

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, Cpcu

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: D247365D091733191DC

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, Cpcu

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: B3C78833DF2234CA9BD

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg Cornell

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President and Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: C5323F50110C510F70A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Connie Costigan

Mailing Address PO Box 597

City

Warrensburg

State

MO

Zip Code

64093-0597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Mutual Insurance
Company

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: D7DBF5844BD39BC5968

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Cote

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

Corporate Secretary/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 1FB8EA434AB8C00D7C0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Erin M. Cummings

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

Division Manager, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: F93C250CF4F0D023294

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Erin M. Cummings

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

Division Manager, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: E098294B9333F1BD7B1

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Tom Danielson

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: 8B56AA9435F57283AD7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joseph Dechatelets, Cpcu

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4467C277C7502363357

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Joseph Dechatelets, Cpcu

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: F12EF847DB4BCDFAD82

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Rebekah L. Deters

Mailing Address PO Box 207

City
Teutopolis

State
IL

Zip Code
62467-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Farmers Mutual Fire
Insurance Com

Occupation
Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: E67BB4FB6E029C34285

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 7F57F8CB10EBFB386C8

Amount of Each Receipt this Period

48.25

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: E845CC5B696F26D29B9

Amount of Each Receipt this Period

48.25

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 8C41281AF4B0A11BCEC

Amount of Each Receipt this Period

48.25

SUBTOTAL of Receipts This Page (optional)

144.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: A0B4BF326368C4E0121

Amount of Each Receipt this Period

48.25

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 632423CEE9F318B04BF

Amount of Each Receipt this Period

48.25

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: D12965E1FA2B261C7D7

Amount of Each Receipt this Period

48.25

SUBTOTAL of Receipts This Page (optional)

144.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: 15A23FCE5DD392F1D5B

Amount of Each Receipt this Period

48.25

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

Transaction ID: CBC96BF9FBB77CA148A

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	9

Transaction ID: 9F9F15025C21DAD1484

Amount of Each Receipt this Period

48.25

SUBTOTAL of Receipts This Page (optional)

376.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 824E655838B10AF657D

Amount of Each Receipt this Period

48.25

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, Ph.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 406108CDAEFFF5D781D

Amount of Each Receipt this Period

48.25

C.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 78FB4B2694B874D48E7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

146.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: C50E8CB63A5C261F6DF

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: 86127C0CF3F7B0B937F

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	9

Transaction ID: 3E524F080EA463CE302

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: F8CA7260EBE2B09C5B7

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: E233546102A9460F2AD

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 9C6693D5CB9CEC06D2B

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: F97CDD3AF1CF79934CF

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 71FCB18DCFD78FB3D89

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: C95EEDFA7DD3914E880

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 211397340223AA66045

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 9C2CE99E53F9706C7FA

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 03AA7DB78E5BB582BFC

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: EC0A52F312031CF20FA

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 6FB1096FF1BCF7A8491

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2082825A1822454B78D

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

106.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 7B9A52D167A29FA8DC0

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 979B5FFEC9F2E87423F

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 731610116F377329935

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: B4F3ECC8937B0D81EB9

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 50281B6B0FE5CB61D91

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A8A1EFB48143A3951BB

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 5664ECB36EF3254E86C

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, Cpcu, Cic

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 030CFF46D5FC72A4690

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Paul Ehlert

Mailing Address PO Box 645

City

Brenham

State

TX

Zip Code

77834-0645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Germania Farm Mutual Insurance Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 7E15A299EA500A0ABAE

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

96.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jon Erickson

Mailing Address 2102 White Gate Drive

City

Columbia

State

MO

Zip Code

65202-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Mutual Insurance
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 32AE740F1A0420B61AB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordination

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90EDE3900C1CCB411EC

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordination

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 44435E5C5520C3FA36D

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordination

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: D558A37C1C2624715BA

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mark Ewert

Mailing Address 3240 Nassau Dr

City
Brookfield

State
WI

Zip Code
53045-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners Mutual Insurance
Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: D44782A6F2FD8E5CF4F

Amount of Each Receipt this Period

355.00

C.

Full Name (Last, First, Middle Initial)

Mark Ewert

Mailing Address 3240 Nassau Dr

City
Brookfield

State
WI

Zip Code
53045-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners Mutual Insurance
Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 40061635C40B44171D3

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Patrick J. Faga, Pfmm

Mailing Address PO Box 240

City

State

Zip Code

Story City

IA

50248-0240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Iowa Mutual Insur-
ance Associat

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 811E1E5A814A409355A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael L. Faron, Cpcu

Mailing Address 222 Ames St

City

State

Zip Code

Dedham

MA

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

Commercial Lines Division Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 0EDEA6DAAFF9CA6B16E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel Ferris

Mailing Address 2401 South Memorial Drive

City

State

Zip Code

Appleton

WI

54915-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SECURA Insurance, A Mutual
Company

Occupation

VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 34148314530DC84E6C9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Eileen Fhaner, Aiaf, Cpcu

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President, Treasurer & CFO

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: B3D8D3D39409A88F8CE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gayle Fisher

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Regional Vice President

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 0BBCA5C8EAFEB4A3851

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

John H. Fitzhugh

Mailing Address PO Box 158

City

Montpelier

State

VT

Zip Code

05601-0158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Mutual Fire Insuran-
ce Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: FFF8C0CE4B17584016A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Fitzsimmons

Mailing Address PO Box 24

1750 Lickingville Road

City

Lickingville

State

PA

Zip Code

16332-0024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Fire Insur-
ance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President - CEO

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 91090C26C97F92E7136

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Robert Fitzsimmons

Mailing Address PO Box 24

1750 Lickingville Road

City

Lickingville

State

PA

Zip Code

16332-0024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Fire Insur-
ance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President - CEO

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: CDD9177C93AF51615A7

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Edward Forbes

Mailing Address PO Box 117

City

Shelburne

State

ON

Zip Code

L0N1S-0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dufferin Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

General Manager

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 0FAB72BFA8D84EAD450

Amount of Each Receipt this Period

300.00

Canadian contribution tra-
nsferred to NAMIC Adminis-
trative Fund on 10/21/09

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Forsyth

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: E7205CCEA2710A06A69

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brad Fortner

Mailing Address 703 West Poplar Street

City

Rogers

State

AR

Zip Code

72756-4443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: F068E4B1375EBFF88EF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Scott George

Mailing Address PO Box 99

City

Liberal

State

MO

Zip Code

64762-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barton Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: CB64A5DF2D03A29DD3C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James F. Gerrity

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 062C6EA4BDF2EF6D409

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: B1F2DFF41C83E22D4F6

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 0ED49E9DFAF807F2AE1

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

376.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: C2F6F910A4F9BA5142A

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 971F2713A8985599C8B

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 5A1F2BA2B2FC228111F

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 541A60C7AAD8A93AD90

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 03B02B7FD33261E4DA4

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 599AC5077438E1BF982

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: 8846412D8E2012C73F8

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

Transaction ID: 2AA97EC57FA11EACF28

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

E. Bulkeley Griswold

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Insurance Com

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	0	9

Transaction ID: 52C9E8CC222FCDEFCE6

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

406.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Patricia Gruntzel

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Director

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: E4DF399F95B7ABE4A56

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Clarence Guinn, CPA

Mailing Address 703 West Poplar Street

City

Rogers

State

AR

Zip Code

72756-4443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Assistant Secretary/Treasurer

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: BFD452423F2A7172898

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey F. Harrold

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
President

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: A3BA622C9E0631BA8EC

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey F. Harrold

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	9

Transaction ID: 2AAF11CA9B4B485A143

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William R. Harvey

Mailing Address One Preferred Way

City
New BerlinState
NYZip Code
13411-1800FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
CompanyOccupation
Director Systems Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	9

Transaction ID: B1C701D84E76B20FE34

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William R. Harvey

Mailing Address One Preferred Way

City
New BerlinState
NYZip Code
13411-1800FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
CompanyOccupation
Director Systems Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	0	9

Transaction ID: 1D845A96B6328841193

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Hegarty, Jr., Cpcu

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4F8F08882676400956D

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Timothy Hegarty, Jr., Cpcu

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4CA2A00296AC1BDBEE5

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Timothy Hegarty, Jr., Cpcu

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: 68B39C0431C7DF901D1

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Hegarty, Jr., Cpcu

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.44

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: A05C52BB86CCD79BE9A

Amount of Each Receipt this Period

61.44

B.

Full Name (Last, First, Middle Initial)

A. Michael Heister

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 47D22FADB3CCD7D7EAB

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stuart C. Henderson

Mailing Address PO Box 1463

City

Minneapolis

State

MN

Zip Code

55440-1463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western National Mutual
Insurance Comp

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 34504A1ACB76F66A8E1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

331.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brenda G. Hennenfent

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 9C5A1349605481D7BC4

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Marcus E. Hill

Mailing Address PO Box 88

City
Fort Worth

State
TX

Zip Code
76101-0088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Agricultural Workers Mutu-
al Auto Insur

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 2B0B9AC5488EA1EA54C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joe E. Hoff, Cpcu

Mailing Address PO Box 48

City
Cottonwood

State
MN

Zip Code
56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insuran-
ce Company

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: ABF698059A106EF02E9

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rex Honodel

Mailing Address PO Box 26234

City

Richmond

State

VA

Zip Code

23260-6234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern States Insurance
Exchange

Occupation

President of Attorney-in-Fact

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: D51F1B7B132A18D990F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 243B8B770AB9EE3F301

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: E28B788EBACEB95EE65

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

403.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 8FEBBFB2EDF6ADE42AD

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 5D85DD1D5574FAD174C

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 2B04CEE97DE1F1D842D

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

230.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 73D66C6EE41161162C3

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 873FC442490E2C8AC82

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 4A22F35D62927339F5B

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

230.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 12B8F66A7C4D862DDD5

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 99FAAE452DCBA5621E2

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

Georgiann Howell

Mailing Address 122 C Street Northwest
Suite 540

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Communications Director-Federal Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 48FC08A7D8E3D2C7BF6

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

238.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Georgiann Howell

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Communications Director-Federal Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 164A23D111111A89EF3

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Georgiann Howell

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Communications Director-Federal Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

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 Northwest
Suite 540

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Communications Director-Federal Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: D7DADB7C61EE7C9A9A2

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Hyle

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate Controller

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: D996662857A209D2641

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Timothy Hyle

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate Controller

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 4BB2A7D294FF39B8343

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Timothy Hyle

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate Controller

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8A9E6E1EC9A35D959CC

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Hyle

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Corporate Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: BF95DF1B49C2F325556

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Judy S. Jackson

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Insurance Com

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: F33BDD466D10671C295

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Lee A. Janis, III

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: 5CA9A452F78EE5E27CC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert L. Jeckel

Mailing Address 1536 Pulaski Street

City

Lincoln

State

IL

Zip Code

62656-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frontier Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 52C711334DA31D15BA4

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mark Johnston

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation
State Affairs Manager, Midwest Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: E1E06FA61D9987097F3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Scott M. Kehne, Cpcu, Are

Mailing Address PO Box 3428

City

Knoxville

State

TN

Zip Code

37927-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual of Tennes-
see

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 00F623E310C99E7ACB8

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James J. Kennedy, Cpcu, Lutc

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: A589E7454B5D09AAF4B

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

James J. Kennedy, Cpcu, Lutc

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: E387E4E77BEE5CE0086

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Daniel A. Keyes

Mailing Address PO Box 974

City

Madison

State

WI

Zip Code

53701-0974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Mutual Insurance
Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: A7B3644F056C592FDC0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: D2B349A032397E2A14B

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: F86A7DB9A0BC30117A7

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 268FDDE396E768B19F5

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Steve J. Knutson

Mailing Address PO Box 308

City

Esko

State

MN

Zip Code

55733-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAM Mutual Insurance Comp-
any

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: DDE8D9DFCB386055364

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Leroy Kohlmeier

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: BC2878F9BC21D5115B2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Harvey Kroiz

Mailing Address 815 Roscommon Road

City

Bryn-Mar

State

PA

Zip Code

19010-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 0F7B45FFA097EF63AC3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jo Ann M. Kuschel, Pfm

Mailing Address 545 Harold Meyer Drive

City

New Haven

State

MO

Zip Code

63068-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeuf & Berger Mutual In-
surance Compan

Occupation

Secretary/Treasurer/ Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: A807C4860103C1D43BF

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Glenn A. Lambert, Pfm

Mailing Address 5000 9th Avenue South

City

Great Falls

State

MT

Zip Code

59405-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cascade Farmers Mutual In-
surance Compa

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 67FE152F6E9E9EF1D40

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Glenn A. Lambert, Pfm

Mailing Address 5000 9th Avenue South

City

Great Falls

State

MT

Zip Code

59405-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cascade Farmers Mutual In-
surance Compa

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 166F2449828B5F0319A

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Richard L. Larkey

Mailing Address PO Box 227

City

Fairland

State

IN

Zip Code

46126-0227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Occupation
Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 050C14B7908195EA875

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Richard L. Larkey

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Occupation
Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 3BED447F4BF71A20BBD

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

George D. Larrison

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: EF72E953F144FE8C330

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Steven Linkous

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 0FC3E34F72453766101

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Gary G. Long

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 52B5E1D47EC042EE785

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Roger Looyenga

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: EFC638D2B00C80C8FD1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim Lynch

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 26BF29EF266CA245C69

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Tim Lynch

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 7F9CE04DF1EAD617103

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard L. Main, Pfm

Mailing Address PO Box 99

City

Laurens

State

IA

Zip Code

50554-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pocahontas Mutual Insuran-
ce Associatio

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: E4350FA9EC38E809BA9

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: BA9366735B88BB45A1D

Amount of Each Receipt this Period

13.50

B.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: ABBD0866D0A9837AC83

Amount of Each Receipt this Period

13.50

C.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 49648258533569EC49A

Amount of Each Receipt this Period

13.50

SUBTOTAL of Receipts This Page (optional)

40.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: 0826EBF85CE1FD965F4

Amount of Each Receipt this Period

13.50

B.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: 404E21422522A41266D

Amount of Each Receipt this Period

13.50

C.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: D6B87D54343DACD87C0

Amount of Each Receipt this Period

13.50

SUBTOTAL of Receipts This Page (optional)

40.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 15E5BACC1E09669F2FE

Amount of Each Receipt this Period

13.50

B.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: B866E673A9CCACC8C28

Amount of Each Receipt this Period

13.50

C.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: AB245BB7C2FDCD3D4BF

Amount of Each Receipt this Period

13.50

SUBTOTAL of Receipts This Page (optional)

40.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 6F850D84EF8DCD5C19B

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: CE8BB0A90EDE8CBC860

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 991D6F2E2497F2674C3

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Shelly Marshall

Mailing Address 6886 N 500 E

City

Shelbyville

State

IN

Zip Code

46176-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of JoOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Transaction ID: 6C701693C1FFABC5EB3

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mary Massey

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Transaction ID: B1F96F4E58B1A44EFDF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce CompanyOccupation
Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Transaction ID: 37F0A864101C1916A7E

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

613.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: D7A54BF085B6C9E8B98

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 92FF118DAD2A8E60C93

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: C1D689402D7BA5F43B2

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 6D11C882ECEA2C629E7

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 292410FDAA824BDFBC5

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 4869380421841A2F491

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A1C7991375486C2299E

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 5A5802E0DFBE99ED21D

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave.

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Technical Serv. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: FFE8601007E0D37648D

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Sherry L. McKenzie, Aam, Ais

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 25109DDB6EFC4D9FDB8

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Sherry L. McKenzie, Aam, Ais

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: AC812D2E78BDA4FBEA8

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

John H. McLean

Mailing Address 100 North Sixth Street
Suite 604A

City
Minneapolis

State
MN

Zip Code
55403-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holborn Corporation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: D08C3D9875A13351583

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 7E49E96D4094454DE9E

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 151964F41581E3AF2FB

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: FC5E0494B6FAC1B3AAB

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

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Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: B7F4C3A34CD975CE2E0

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 971443D83BA61011D9A

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: DCE0694FA33ECBB1236

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 93 / 186

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federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: F633F299D124F75902C

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

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Zip Code

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C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: F2FDCE01A6B18115B69

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

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Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: D7C616B93DDEBD9B966

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.59

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 7921BD3C6BC199203AA

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: F30038A1A4253916B51

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 491EE5E770CDB992E37

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

78.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 150804917774A6F6623

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 State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 725448989589733BADE

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 5396FF2027BB2311E00

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 3FE5B557C092F109B73

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 State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: 364D87765FF13099BBB

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: EF75A572A1F7D6D9A23

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 186

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

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 State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: D96001783F6BE569231

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Arthur L. Meadows

Mailing Address R.D. #1, Box 166-A

City State Zip Code
Moundsville WV 26041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pan Handle Farmers Mutual
Insurance Co

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 9E66656103C9BF65D84

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 186

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kevin M. Meskell

Mailing Address 57 Washington Street

City

Quincy

State

MA

Zip Code

02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insurance Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 6C8557DA32831A3A666

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tricia A. Mickley, CPA

Mailing Address PO Box 31

City

Mount Carroll

State

IL

Zip Code

61053-0031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Carroll Mutual Fire Insurance Co

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 2D888DD60C26E4A7B99

Amount of Each Receipt this Period

560.00

C.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance Companies

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: FF35C7DD63AA90838D6

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 433527C7AB2557A0BE3

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

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46268-0700

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Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: A53C2B05D0A49B95E8E

Amount of Each Receipt this Period

20.00

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Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: FCD50B9939802FFA748

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 88BCF1ADA7DAE16F92B

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 1B1FB1729E3E1A9D8B3

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: 5847DF37D517C71991C

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 68729E98D4369E84914

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 3019AFBEFFC903D77B9

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 41D56936386C504E111

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian Morris

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: A88F995D5D77E20F156

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Carolyn B. Muller

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 59E79C5E6B4493D781B

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Carolyn B. Muller

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: DD8C7CD4BFB0EC5BA35

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joel P. Murray

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

Division Manager-Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 3ECA67CCD794DECB4DD

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William C. Myers

Mailing Address One Commerce Square
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: F89F97328634A7FC49D

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Katherine Noirot

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 3C0EE391C9F07AEAE5

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Katherine Noirot

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: 0F31DF4017F4FDC61E9

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Katherine Noirot

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	9

Transaction ID: EE05F58C679DD23F44D

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Katherine Noirot

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: 4B48BCC0DB92B344D3F

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Deborah Osborn

Mailing Address 7676 Hillmont St
Ste 120

City State Zip Code
Houston TX 77040-6468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connective Technologies,
Inc.

Occupation
Vice President - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 1BC441F3790A7298BDF

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Deborah Osborn

Mailing Address 7676 Hillmont St
Ste 120

City State Zip Code
Houston TX 77040-6468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connective Technologies,
Inc.

Occupation
Vice President - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: A83C90CED47078D8487

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 State Zip Code
Houston TX 77040-6468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connective Technologies,
Inc.

Occupation
Vice President - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 4E820B91429CE787594

Amount of Each Receipt this Period

425.00

SUBTOTAL of Receipts This Page (optional)

1110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Otto

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President, Financial Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: E4F483421F670944D37

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Francis Pandolfi

Mailing Address PO Box 40

City
Norwich

State
CT

Zip Code
06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Ins.CO. (NLC)

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 40202FF06A27125310C

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

John A. Paul, Pfmm

Mailing Address 127 Pearl St

City

Council Bluffs

State

IA

Zip Code

51503-0824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Iowa Mutual Insur-
ance Associat

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 5D278DCCE4D65517F4E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John A. Paul, Pfrmm

Mailing Address 127 Pearl St

City

Council Bluffs

State

IA

Zip Code

51503-0824

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western Iowa Mutual Insur-
ance AssociatOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: 9BCFA2C83059D3B707F

Amount of Each Receipt this Period

665.00

B.

Full Name (Last, First, Middle Initial)

John A. Paul, Pfrmm

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western Iowa Mutual Insur-
ance AssociatOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: 6A060930ADC26DD44D4

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Mary S. Pierce

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.**C**Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	9

Transaction ID: 49E5F7744B72CA1B789

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mary S. Pierce

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: E3E4198ABE344728FA9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mike Pike

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: BB7E7449531AF63102D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William A. Poppen

Mailing Address PO Box 9

City

De Smet

State

SD

Zip Code

57231-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
De Smet Farm Mutual Insur-
ance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

General Manager

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: 9C060386C79F0858BFA

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Peter Poshepny

Mailing Address 555 College Road East

City

Princeton

State

NJ

Zip Code

08540-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munich Reinsurance Americ-
a, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 105D509FA5CA95139F4

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Robert T. Ramsdell, Cpcu

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Insurance Com

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 7D50042EFC9D913D8F2

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 85C3C621FDE9C5DC458

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 6AF630BFE6B6414EAE4

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 488B11E9E54F7D23541

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 5DE002D34A8C7BC6F35

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: 27A69C2572C34D915A8

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: B54CD6BD2252E3BC922

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: 4CD3107C7E7E3C4415C

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 425AAAF8C827FF8A59AA

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 99E59C4CD5F18357329

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Reddick, Ph.D.

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 9AFA4E0B8EA94BF3EDA

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joe Reid

Mailing Address PO Box 5

City

Reynolds

State

IL

Zip Code

61279-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamlet Mutual Insurance
Company

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: DFA79477162605C03A6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Liz Reynolds, Cpcu, Api

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: F21840CF05DD758982C

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Liz Reynolds, Cpcu, Api

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 568CDFE132D0564C8AD

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Liz Reynolds, Cpcu, Api

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 96035D078DA351167FD

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 695806AA69020161555

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4758DE6425018C593EC

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: 0143826C60976D67029

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City
RichmondState
VAZip Code
23230-0927FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Transaction ID: 8FF3DB272D41F9AAE8C

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City
RichmondState
VAZip Code
23230-0927FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	9

Transaction ID: FD306C800805E6D3F90

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 4D1B67CE341676D7E09

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: CB77A270F898745337F

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: FDFCD26DE9D021435A8

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Linwood Gerald Roach, Cpcu, Flmi

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: 8455EFD92C55D7D9577

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Troy Robinson

Mailing Address 500 South US Highway 77-A

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation
District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: CAD7E51333C7B379740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul Rosenow

Mailing Address PO Box 116

City

Fountain City

State

WI

Zip Code

54629-0116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fountain City Mutual Insu-
rance Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 81A955D63AD7FAC03AC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacabri Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 99DBFEC1117274885BF

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacabri Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 1F410A051E9E1A00B61

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacabri Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4478C7F14EB39211F56

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacapri Boulevard

City
Lansing

State
MI

Zip Code
48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 2EAF767211575BDE3D8

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Randy A. Sabers

Mailing Address PO Box 610

City
Salem

State
SD

Zip Code
57058-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCook Farm Mutual Insura-
nce Company o

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 02CE941B8DCF045AFA0

Amount of Each Receipt this Period

315.00

C.

Full Name (Last, First, Middle Initial)

Randy A. Sabers

Mailing Address PO Box 610

City
Salem

State
SD

Zip Code
57058-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCook Farm Mutual Insura-
nce Company o

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: BA86977AF0C2A28BCFE

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

395.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy B. Salge

Mailing Address 309 East San Antonio Street

City

New Braunfels

State

TX

Zip Code

78130-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Fire Insur-
ance Associat

Occupation

President/General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: D5E1496FFCFEB9E3FE3

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Ronald Scheck

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: 7E1EED63D7DD36E19D6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Linda M. Schmidt

Mailing Address 500 South US Highway 77-A

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: 0716CB4B107890CBD3B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Pamela Schmidt

Mailing Address 1460 Wells Street

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: F495755BA6FA4FE8874

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Pamela Schmidt

Mailing Address 1460 Wells Street

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 03A0FCEC0C4FF20BA0B

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Pamela Schmidt

Mailing Address 1460 Wells Street

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 26EE1356831EDEFDDDED

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: F56A5A0D9CE4F6A9FAF

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 9DBB62DA5D8DF27B451

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 95016EF52A8744B4BCE

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: CDCCE454C075CA46BC1

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dale R. Schuh

Mailing Address 1800 North Point Drive

City

Stevens Point

State

WI

Zip Code

54481-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentry Insurance a Mutual
Company

Occupation
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: B14B90C05C80C2A8272

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Stephen Scott

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 0B8A823650E7D2F2650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2290.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Martin Shapiro

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Insurance Com

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: FD56EC20047DBFA7BCA

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: D426E50B9212570F99A

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: E7D2AB3191622C63AF4

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 3E5D21D3E580DAD009C

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Christopher G. Shipe, Cpcu, Ait

Mailing Address PO Box 58

City State Zip Code
Waterford VA 20197-0058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun Mutual Insurance
Company

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 4265D713D6E09EA5C22

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Ronald Simon, Flmi

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2890.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 561D3CC911A5DF502AC

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2530.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Simon, Flmi

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2890.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: CCFF836D1EFF803F276

Amount of Each Receipt this Period

390.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Sims

Mailing Address 8777 N Gainey Center Dr
Ste 220

City
Scottsdale

State
AZ

Zip Code
85258-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Scottsdale

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 835B9562B7C91446E09

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 4F5F934A5A5A882F129

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 8EFDB62C6EC5C8C2DF6

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: D096D2BABACBE09AB4F

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 8FFCB8C310FA4148F3F

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 5DB47E02D019C4CCF18

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: FCB0A85B2621B18E7BB

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: A4E3C738E0006853C60

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 5047A76CE6EAF0BBF5C

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 3923A06EF9430515326

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 0F73CD16595DFEB5C9E

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Duane D. Smith, Pfmm

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Jo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Secretary/Manager

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 77ABD9E4385AEC47A9E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Franklin P. Smith, Jr.

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London County Mutual
Insurance Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 597E851E4B93A93DE4B

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President & CEO

Aggregate Year-to-Date ▼

2490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: 0AD7181CAE6F65830E0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market Street

City State Zip Code
Philadelphia PA 19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2490.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: 70DBCA111D5BEE0CD82

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market Street

City State Zip Code
Philadelphia PA 19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2490.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 126BC66FEDF96BCAB39

Amount of Each Receipt this Period

1550.00

C.

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market Street

City State Zip Code
Philadelphia PA 19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2490.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: FA85EF2628CEEB710E7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John K. Smith, Crm, Cic,

Mailing Address One Commerce Square
2005 Market StreetCity State Zip Code
Philadelphia PA 19103-7008FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: 93A117EF93038EFDEA8

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John R. Spielberger

Mailing Address 200 North Main Street

City State Zip Code
Bel Air MD 21014-3554FEC ID number of contributing
federal political committee.**C**Name of Employer
Harford Mutual Insurance
CompanyOccupation
Senior Vice President/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: 20B38E04397801B8BA4

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Robert H. Steele

Mailing Address PO Box 40

City State Zip Code
Norwich CT 06360-0040FEC ID number of contributing
federal political committee.**C**Name of Employer
New London County Mutual
Insurance ComOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: B1D67B549402AAE62ED

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul G. Stueven

Mailing Address 1285 Highway 15 South

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: F6F42850C91C4E232B6

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Douglas M. Sullivan, Cic, Pfm

Mailing Address PO Box 37

City

Orion

State

IL

Zip Code

61273-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Svea Mutual Insurance Com-
pany

Occupation

Manager/Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 85F96D2B8848A4790A3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: A97CEDA0448A4D91D4E

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 1D6BF406985A73D4846

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: A8FB4D536368C090BBC

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 625F96F889394118C2F

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 1965990524A658AF12B

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: D5A543C2B69EAA5EDAC

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: EAD504CDC7476A1005A

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: BB25365AC91874F2A30

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 32ECBDC0467BE1F72F8

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, Rplu

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: E25CD481BEC0247FBE0

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 431ED97D15BACAB6A4D

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 356CA508FCB1F426BDD

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4ABE6C740B19822AE87

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.**C**Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: 706E29B323D3AEABEE9

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dave Talbert

Mailing Address 500 South US Highway 77-A

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: 59689748D861438DB5B

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.**C**Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	9

Transaction ID: 746B34297466FF73716

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: 6095ED447010E0CD923

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: D115E4B456873048871

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

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46268-0700

FEC ID number of contributing
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C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	9

Transaction ID: 9CB9FD98F2491BB4EE4

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

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federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: E3A93C925C6616E541B

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

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Indianapolis

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Name of Employer
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Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 80C192BC998777C7BE1

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

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46268-0700

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Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: CA48AB88DBA4FEC4476

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 38658FA26246472A781

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 106098D9D3F35559FFD

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 0AA46CD2A2B5E562C97

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 142 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: EEEEB9934B8359A0871

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: B43ED3E3D1894FCB0D5

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 260886EAF209622E7BD

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 14F6F8392C6578592FF

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: A9B8D8B46B9049F8E95

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 17246E03A47402F5F5B

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 7709D2E9914175D1B52

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 53A408FF6C53979F2DC

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: 76625750B187DC4B6AC

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

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Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 302C19D526E442A367E

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: 3C262E7D200CFF83083

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

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46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 804713C0916F057AAC0

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 186

(check only one)

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

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C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: 83F641A3A09E41C1355

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

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46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 4DCB2BC95E0924DF45E

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bruce Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: A3836C279567A3905D0

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Association of Mutual Insurance Companies PAC

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Full Name (Last, First, Middle Initial)

Bruce Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 9A86F7A9F10D95FA114

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: D458A7DF9410CDAE31E

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bruce Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 648B9E6E25DAE932897

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: 5EE191B3A36625F12F6

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce Thomas, Pfm

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Transaction ID: B90119A55092CBD153F

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Gary W. Thompson, Cpcu, Cic

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Mutual Insurance
Company

Occupation

Executive Vice President/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Transaction ID: C28B45AB6DBA20E6648

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: D6ABC3D896269907B8A

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: ACDB6AC2F65E402D2B3

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 85C43A25E6372D6B525

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 8170E826FBBB2AAA994

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 80A30651698BC0573AA

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 224D535804D62025C66

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 9CCE93D4E845C60C8D4

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: C8A600A409DC6E63DC2

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 29762FCEF85B4897676

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: ED6A77551B5422CC566

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

John E. Trott, Jr.

Mailing Address 500 US Highway 77a S

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mutual Insurance

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: A65F03CF5F91F864DD1

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John E. Trott, Jr.

Mailing Address 500 US Highway 77a S

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mutual Insurance

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: B0838DBE4BA984D7D5D

Amount of Each Receipt this Period

1590.00

SUBTOTAL of Receipts This Page (optional)

2129.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 3F53407E9A860F3F98A

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: CAFADBC78BB242282E9

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 517F73C525D36D61E4A

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 186

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Aaron Valentine

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	9

Transaction ID: 5F104F1A6AE94E2D3A9

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Aaron Valentine

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	0	9

Transaction ID: 59C0AD5A0EF15C26389

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Robert A. Wadsworth, Cic,Cpcu

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: F35BD9F89DEB4503443

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert J. Wagner

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Insurance Group

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 74A93BDB398C38362D8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Randy Walker

Mailing Address 5602 Riverside Drive

City

Dublin

State

OH

Zip Code

43017-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Director-Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 9

Transaction ID: 755CD7D91118CF74593

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James J. Walsh, Jr.

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 12F6D4F576D118251B9

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James J. Walsh, Jr.

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: 11B22B2136277324658

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

James J. Walsh, Jr.

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: E34E46F81BB8727EE64

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ian R. Ward

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	9

Transaction ID: B1923DC014BD94D9C18

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Ian R. Ward

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: E4F54E96191D7FBFD91

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ian R. Ward

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: C5826BC47CD56D3E902

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ian R. Ward

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: 8D16C4052E80F1B70B3

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: CB23AA7D237A657B036

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: C170AB169D8410B1F67

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: C6EAD240E0883D49827

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 159 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 6906E1DA12980EACD1C

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 0E6CB7B3D617569E988

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: 7F6112174284E79EF43

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 9494E4340C11FE920B4

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 9F7D051C7A5E51BD890

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: CC3BAD32FA19792B84D

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 32BE68F9D06D859E0CD

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 0C52BECA80266FF0F84

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 66E3DC837B7FC1C9C50

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, Cpcu, Arm,

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: F80F6BC8E28F5E68AE7

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

William Woodbury

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation

Vice President & Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 4B0B8CBD9B725DDD6CE

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

William Woodbury

Mailing Address 6101 Anacapi Boulevard

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation

Vice President & Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 82F9EFDA2ADC8E54047

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Woolley

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Director-Vice Chairman-Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 0BF8C06D155473BB0B5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Wrobel, Sr., Cpcu,

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

IS & Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: 4262BA2AEF6D76175AE

Amount of Each Receipt this Period

20.84

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Wrobel, Sr., Cpcu,

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

IS & Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 30F0AAE20ACEF72EDDD

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)

291.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 164 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Wrobel, Sr., Cpcu,

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

IS & Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 3EB0093BB9C42CCA4B6

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Wrobel, Sr., Cpcu,

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

IS & Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 82098E7292706D36E9A

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Wrobel, Sr., Cpcu,

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

IS & Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.40

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: C18B98E1B0D24706509

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)

130.84

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 186

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Michael A. Yeager

Mailing Address 1047 W Hamilton St

City

Allentown

State

PA

Zip Code

18101-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Insurance Company
of Lehigh Cou

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: 24A9F93C579324519A4

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael A. Yeager

Mailing Address 1047 W Hamilton St

City

Allentown

State

PA

Zip Code

18101-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Insurance Company
of Lehigh Cou

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: 63EA80753A237D3CFD1

Amount of Each Receipt this Period

315.00

C.

Full Name (Last, First, Middle Initial)

Steve Zabriskie

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: 25C5E82344049CAC509

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 166 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, Pfmm

Mailing Address 42846 County Road 12

City

Dakota

State

MN

Zip Code

55925-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

General Manager/Treasurer

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 0D67AB26A374173C146

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, Pfmm

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

General Manager/Treasurer

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 24AEBDE0F18156C3408

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, Pfmm

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

General Manager/Treasurer

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 2942F1E10F0F037512B

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

70741.74

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 ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Cc Services Inc Country Political Action Committee

Mailing Address 1701 N Towanda Avenue
PO Box 2020

City State Zip Code
Bloomington IL 61702

FEC ID number of contributing
federal political committee.

C C00390971

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: EE73824F068BA1F9E42

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Cuna Mutual Insurance Society Political Action Committee (CUNA MUTUAL PAC)

Mailing Address 5910 Mineral Point Rd, PO Box 747
Mail Stop 5910 4 A2

City State Zip Code
Madison WI 53701

FEC ID number of contributing
federal political committee.

C C00402107

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: C247CD4239594A5C629

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Nationwide Mutual Insurance Company Political Action Committee

Mailing Address One Nationwide Plaza
1-27-10

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 2CEFC54E0CB3B86DFB6

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number 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 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Moore for Congress

Mailing Address PO Box 14631

City

Shawnee Mission

State

KS

Zip Code

66285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 80F861C808EA66884FF

Amount of Each Receipt this Period

1000.00

Refund of 7/15/09 Contrib-
ution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 169 / 186

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7EE5094970F6876D4C9

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

113.96

B.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3E206C2D0786530BAC3

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

53.87

C.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: CA613CBDB88467DD462

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

50.23

SUBTOTAL of Disbursements This Page (optional)

218.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 / 186

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B5728AF976ABF764856

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

310.84

B.

Full Name (Last, First, Middle Initial)

NAMIC Administrative Fund

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Silent Auction 1/3 Rule Reimbursement

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V2487501CC3CDA4B3D31

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

5991.67

SUBTOTAL of Disbursements This Page (optional) ►

6302.51

TOTAL This Period (last page this line number only) ►

6520.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 / 186

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.	Full Name (Last, First, Middle Initial) Alamo Pac <hr/> Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td>78701</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>2009 Contribution</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td colspan="2">Alamo Pac</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> House</td> <td><input type="checkbox"/> 2009</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td><input checked="" type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District: Contribution	City	State	Zip Code	Austin	TX	78701	Purpose of Disbursement	<div>011</div> Category/ Type	2009 Contribution	Candidate Name		Alamo Pac		Office Sought:	Disbursement For:	<input type="checkbox"/> House	<input type="checkbox"/> 2009	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: C1ADAC687BAB343B7E2 Date of Disbursement <div>07 / 15 / 2009</div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div>
City	State	Zip Code																					
Austin	TX	78701																					
Purpose of Disbursement	<div>011</div> Category/ Type																						
2009 Contribution																							
Candidate Name																							
Alamo Pac																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> 2009																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Woodbury</td> <td>MN</td> <td>55125</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>2010 Primary</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td colspan="2">Michele M. Bachmann</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td><input checked="" type="checkbox"/> House</td> <td><input type="checkbox"/> 2010</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td><input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: MN District: 06	City	State	Zip Code	Woodbury	MN	55125	Purpose of Disbursement	<div>011</div> Category/ Type	2010 Primary	Candidate Name		Michele M. Bachmann		Office Sought:	Disbursement For:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> 2010	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	Transaction ID: 8FE13C92266742EC2FB Date of Disbursement <div>09 / 22 / 2009</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
City	State	Zip Code																					
Woodbury	MN	55125																					
Purpose of Disbursement	<div>011</div> Category/ Type																						
2010 Primary																							
Candidate Name																							
Michele M. Bachmann																							
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House	<input type="checkbox"/> 2010																						
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Salt Lake City</td> <td>UT</td> <td>84101</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>2010 Primary</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td colspan="2">Robert F. Bennett</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> House</td> <td><input type="checkbox"/> 2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> President</td> <td><input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: UT District:	City	State	Zip Code	Salt Lake City	UT	84101	Purpose of Disbursement	<div>011</div> Category/ Type	2010 Primary	Candidate Name		Robert F. Bennett		Office Sought:	Disbursement For:	<input type="checkbox"/> House	<input type="checkbox"/> 2010	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB22E8A1D41D465AFB Date of Disbursement <div>09 / 22 / 2009</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
City	State	Zip Code																					
Salt Lake City	UT	84101																					
Purpose of Disbursement	<div>011</div> Category/ Type																						
2010 Primary																							
Candidate Name																							
Robert F. Bennett																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> 2010																						
<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
SUBTOTAL of Disbursements This Page (optional) ►		<div>4000.00</div>																					
TOTAL This Period (last page this line number only) ►		<div></div>																					

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

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

FOR LINE NUMBER:
(check only one)

PAGE 172 / 186

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Berkley for Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
2010 Primary

Candidate Name
Shelley Berkley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: 89AEF05445AEFFF8C71

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Bob Corker for Senate 2012

Mailing Address PO Box 848
PO Box 848

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
2012 Primary

Candidate Name
Bob Corker

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: 5363CE522B1FE249952

Date of Disbursement

11 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Boren for Congress

Mailing Address PO Box 1924

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
2010 Primary

Candidate Name
Daniel Boren

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Transaction ID: 8705C213156C53B4F6C

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 173 / 186

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Capuano for Senate Committee	Transaction ID: 8906959FB937929C6EC Date of Disbursement																				
Mailing Address 172 Central St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Somerville State MA Zip Code 02145	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Special	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael E. Capuano	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special																				
B. Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	Transaction ID: EF8A6FEA50953FE8309 Date of Disbursement																				
Mailing Address PO Box 326	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Everett State WA Zip Code 98206	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rick Larsen	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Coburn for Senate 2010	Transaction ID: 805F9A03EDDA3FAB6EB Date of Disbursement																				
Mailing Address Post Office Box 977	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Tom A. Coburn	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 174 / 186

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) David Scott for Congress	Transaction ID: C670B956EE3D6E59A95 Date of Disbursement																				
Mailing Address PO Box 960821	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	9												
City Riverdale State GA Zip Code 30296	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name David Albert Scott	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Defend America Pac	Transaction ID: E5B9F1C5F85689BACB9 Date of Disbursement																				
Mailing Address PO Box 2626	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	0	9												
City Tuscaloosa State AL Zip Code 35403	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Defend America Pac	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress	Transaction ID: 8399AF21F286CE9F6D4 Date of Disbursement																				
Mailing Address PO Box 7783 PO Box 7783	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	9												
City Rockford State IL Zip Code 61126	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Donald A. Manzullo	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: B0CE5634F91EB2F5624 Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: E9783B9D4DE6D43E2BB Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	9												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: E82A18FEFCF4BEFD4D1 Date of Disbursement																				
Mailing Address 25 East Main Street, Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Every Republican Is Crucial (ERICPAC)	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Freedom Project; the	Transaction ID: 503E5176198B419D830 Date of Disbursement
Mailing Address 631-B Pennsylvania Ave., SE Basement Unit	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name Freedom Project; the Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<input type="text" value="5000.00"/> <input type="text" value="011"/> Category/ Type
B. Full Name (Last, First, Middle Initial) Friends of Bill Posey	Transaction ID: E09FC2C84BE5B82BE8E Date of Disbursement
Mailing Address PO Box 360877	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Melbourne State FL Zip Code 32936	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/> <input type="text" value="011"/> Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 6A951D77911CE25457C Date of Disbursement
Mailing Address PO Box 270701	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City West Hartford State CT Zip Code 06127	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/> <input type="text" value="011"/> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address Post Office Box 1994 Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6151B71D2B8FBC076E5</p> <p>Date of Disbursement 11 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Mark Warner</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Mark R. Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 03028E859A37B394198</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Great American Fund</p> <p>Mailing Address PO Box 83142</p> <p>City Gaithersburg State MD Zip Code 20883</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Great American Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 5C76DCCFF7ACE80BBC1</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► 3500.00</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Guthrie for Congress	Transaction ID: EB4ABBAE91E0D8D959C Date of Disbursement
Mailing Address PO Box 9639	<div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Brett Guthrie	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoosiers for Hill	Transaction ID: DDC036A1711A9E248B3 Date of Disbursement
Mailing Address PO Box 1071	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Baron P. Hill	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ike Skelton for Congress Committee	Transaction ID: FD497CA6DB17F1A6715 Date of Disbursement
Mailing Address PO Box A	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City Harrisonville State MO Zip Code 64701	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Ike Skelton	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement
2010 PrimaryCandidate Name
James Jordan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: AFB4119EBE7B1BD315A

Date of Disbursement

08 / 05 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

John Campbell for Congress

Mailing Address 4590 Macarthur Boulevard
Suite 500

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
2010 PrimaryCandidate Name
John B. T. Campbell, III011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: A76362691121F4336C3

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2010 PrimaryCandidate Name
Lynn Jenkins011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 03D9B26853181777E35

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address PO Box 530788

City
LivoniaState
MIZip Code
48153Purpose of Disbursement
2010 PrimaryCandidate Name
Thaddeus G. McCotterOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 11

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 63EBF35BC1F09A692B0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address PO Box 530788

City
LivoniaState
MIZip Code
48153Purpose of Disbursement
2010 PrimaryCandidate Name
Thaddeus G. McCotterOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 11

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 35B6B1697231817FAA7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

McHenry for Congress

Mailing Address PO Box 1406

City
HickoryState
NCZip Code
28603Purpose of Disbursement
2010 PrimaryCandidate Name
Patrick Timothy McHenryOffice Sought: ☒ House
☐ Senate
☐ President

State: NC District: 10

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: B6AC253A77CA9FF7282

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate	Transaction ID: 304D0187866EC94703B Date of Disbursement																				
Mailing Address PO Box 1948	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	9												
City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Michael D. Crapo	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: ID District:																					
B. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: 7869E0007EE5C7AB44B Date of Disbursement																				
Mailing Address PO Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	9												
City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mike Ross	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: AR District: 04																					
C. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 1D70CC9971F5934023D Date of Disbursement																				
Mailing Address PO Box 16646	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gwendolynne Moore	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: WI District: 04																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 87F3AEA43B673D096F6 Date of Disbursement																				
Mailing Address PO Box 14631	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Dennis Moore	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	Transaction ID: D51E8B2BC11E164C569 Date of Disbursement																				
Mailing Address 103 South Hanover Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Paul E. Kanjorski	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 9165568D6C36AC7AF07 Date of Disbursement																				
Mailing Address PO Box 823047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Pete Sessions	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Richard Burr Committee; the Mailing Address Post Office Box 5928	Transaction ID: 1BAD4125DE6969C5C4C Date of Disbursement <div> <div>10</div> <div>07</div> <div>2009</div> </div>
City Winston-Salem State NC Zip Code 27113 Purpose of Disbursement 2010 Primary Candidate Name Richard M. Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Rogers for Congress Mailing Address PO Box 581 Post Office Box 581 City Brighton State MI Zip Code 48116 Purpose of Disbursement 2010 Primary Candidate Name Mike Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7742E4C49A4A77DEF8 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Senate Majority Fund Mailing Address PO Box 32025 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement 2009 Contribution Candidate Name Senate Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: B5AAF1A884C9C9F60F0 Date of Disbursement <div> <div>10</div> <div>07</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<div>4000.00</div>
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: 37E71AD51E2E6120660 Date of Disbursement
Mailing Address PO Box 32025	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>9</div> </div>
City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name Senate Majority Fund	<div>1500.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
B. Full Name (Last, First, Middle Initial) Sherman for Congress	Transaction ID: 31F8FD9A0903AB8FE1E Date of Disbursement
Mailing Address 555 So. Flower St. Suite 4210	<div> <div><small>M</small>1</div> <div><small>M</small>0</div> <div>/</div> <div><small>D</small>2</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>9</div> </div>
City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Brad J. Sherman	<div>1000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson	Transaction ID: CC7ED1D6CA04DBB0338 Date of Disbursement
Mailing Address PO Box 822 400 Broadway, Suite 501	<div> <div><small>M</small>1</div> <div><small>M</small>0</div> <div>/</div> <div><small>D</small>2</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>9</div> </div>
City Cape Girardeau State MO Zip Code 63702	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Jo Ann Emerson	<div>1000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2010 Primary

Candidate Name
Pat Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 07177D41B1CCA34A391

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Wasserman-Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
2010 Primary

Candidate Name
Debbie Wasserman Schultz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 85A5349C85797066C87

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

73500.00

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

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

NAMIC Administrative Fund

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Transfer of 9/29/09 Forbes PAC Contribution to Administrative Fund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V2A5F6FA5089BF93BFFD

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

NAMIC Administrative Fund

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Transfer of Canadian contributions received on 10/27/09

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V89A508968A2B4B436B5

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)

480.00

TOTAL This Period (last page this line number only)

480.00