



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		98749.50
(b) Cash on Hand at Beginning of Reporting Period.....	88787.31	
(c) Total Receipts (from Line 19) .....	28525.33	200228.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	117312.64	298977.89
7. Total Disbursements (from Line 31).....	100097.72	281762.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	17214.92	17214.92
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21312.62	128371.75
(ii) Unitemized .....	6872.77	60373.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28185.39	188745.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	28185.39	199245.74
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).....	327.65	915.24
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.29	67.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28525.33	200228.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28525.33	200228.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	97.72	900.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	97.72	900.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99000.00	269500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2212.43
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2212.43
29. Other Disbursements .....	1000.00	9150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100097.72	281762.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100097.72	281762.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28185.39	199245.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2212.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28185.39	197033.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	97.72	900.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	327.65	915.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-229.93	-14.70

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

A contribution from Bob I. Buchanan was inadvertently attributed to a different contributor on the original report. The Buchanan contribution is properly itemized in this amendment. This also changes the line 11(a)(i) and (ii) subtotals.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Cathy M. Adcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A433E73AFA794423AA0C**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Vice President of Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 331.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A1A4BA0A22A5D4D9E80B**  
 Amount of Each Receipt this Period  
 30.00

**C. Mr. Todd E. Albert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Vice President of Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012  
**Transaction ID : A93CDB773B7444F19971**  
 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: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

**Transaction ID : AD6100EAB39BC4506B86**

Amount of Each Receipt this Period  

250.00
--------

**B. Mr. Thomas Alighieri**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

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

Name of Employer	Occupation
Norfolk & Dedham Mutual Fire Insurance	Assistant Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : A5973B7262DF64E8BB61**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

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

Name of Employer	Occupation
Norfolk & Dedham Mutual Fire Insurance	Assistant Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

**Transaction ID : ACEFC2B41309D4227889**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>290.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 76  
(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. Mr. Neil Aldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 01 / 2012  
**Transaction ID : A8B5D9E37710E4134AEB**  
 Amount of Each Receipt this Period 40.00

**B. Mr. Neil Aldredge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President - State and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 20 / 2012  
**Transaction ID : AA5AC358031FC4DCC8E2**  
 Amount of Each Receipt this Period 40.00

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

Date of Receipt 06 / 28 / 2012  
**Transaction ID : A23E9227590C84CCFAE3**  
 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: (check only one)	PAGE 10 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Diane Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6101 Anacapi Blvd  
City Lansing State MI Zip Code 48917-3994  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Vice President-Personnel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 06 / 2012**  
**Transaction ID : AF5D7015ABA684533B5A**  
Amount of Each Receipt this Period **50.00**

**B. Mr. Michael D. Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660  
City Lansing State MI Zip Code 48909-8160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 06 / 2012**  
**Transaction ID : A2B20692A29CA4500A10**  
Amount of Each Receipt this Period **50.00**

**C. Mr. Tommy Barre**  
Full Name (Last, First, Middle Initial)  
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 Mutual Insurance Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 12 / 2012**  
**Transaction ID : AF089BBECEDF34AC5BDE**  
Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1384.68

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2012  
**Transaction ID : AE0907854AA6B4536B74**  
Amount of Each Receipt this Period  
115.39

**B. Mr. John S. Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue  
City Frankenmuth State MI Zip Code 48787-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.07

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2012  
**Transaction ID : A41C957480AAD429E82D**  
Amount of Each Receipt this Period  
115.39

**C. Mr. Gene Berry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 633 E Market St  
City Harrisonburg State VA Zip Code 22801-4229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rockingham Mutual Insurance Company Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 21 / 2012  
**Transaction ID : A4BD7E3A943284E76A73**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 480.78  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Deborah Betten</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee.		Transaction ID : <b>ADBf8A8D799644BEE8EA</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.64"/>
Name of Employer	Occupation	
Harford Mutual Insurance Company	Claims Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="226.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Rena Bilodeau</b>		Date of Receipt
Mailing Address 1460 Wells St		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Enumclaw	WA	98022-3003
FEC ID number of contributing federal political committee.		Transaction ID : <b>AF34EBD8B97CE4358BD8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Mutual of Enumclaw Insurance Company	Vice President - Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Heather Brown</b>		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.		Transaction ID : <b>A4F8E586422574487B2C</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5.00"/>
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Bill Service Center Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="515.64"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Heather Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Bill Service Center Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
06 / 18 / 2012  
**Transaction ID : AA1CF1EBDFFC54505A45**

Amount of Each Receipt this Period  
5.00

**B. Mr. Bob I. Buchanan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3994
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Info. Systems &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Date of Receipt  
06 / 06 / 2012  
**Transaction ID : A84CF13723C524357AB8**

Amount of Each Receipt this Period  
42.00

**C. Mr. Charles M. Chamness**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

Date of Receipt  
06 / 01 / 2012  
**Transaction ID : A3B1BA834748D4867BB9**

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 06 / 20 / 2012  
**Transaction ID : ADF843EE85C354BA1BBE**

Amount of Each Receipt this Period 90.00

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : A2E301B34860F45D28AF**

Amount of Each Receipt this Period 90.00

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.00

Date of Receipt 06 / 06 / 2012  
**Transaction ID : A41057FF2D3054EEC878**

Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 219.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

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

Name of Employer Occupation  
Ohio Mutual Insurance Company IT Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2012  
**Transaction ID : A52E8984AF660476A84F**

Amount of Each Receipt this Period  
39.00

**B. Mr. Warren Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 633 E Market St

City State Zip Code  
Harrisonburg VA 22801-4229

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

Name of Employer Occupation  
Rockingham Mutual Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2012  
**Transaction ID : ABD0C21F505754E86A1F**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 633 E Market St

City State Zip Code  
Harrisonburg VA 22801-4229

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

Name of Employer Occupation  
Rockingham Mutual Insurance Company Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2012  
**Transaction ID : AECCA774998364A3E999**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 789.00

**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 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. John Coursen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 577  
 City State Zip Code  
 Huntingdon PA 16652-0577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mutual Benefit Insurance Company COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012  
**Transaction ID : A3738AC2FE8ED4220AD6**  
 Amount of Each Receipt this Period  
 250.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : AE52DBC4A0A654C2F834**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. John Cratty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 37  
 City State Zip Code  
 Orion IL 61273-0037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Svea Mutual Insurance Company Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A0EB67E6DAB8A4B74923**  
 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: (check only one)	PAGE 17 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.84	

Date of Receipt  
06 / 01 / 2012  
**Transaction ID : A0D0233C1D32E4A6DA4F**

Amount of Each Receipt this Period  
43.48

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32	

Date of Receipt  
06 / 20 / 2012  
**Transaction ID : A61B441FC6E4740ABAD8**

Amount of Each Receipt this Period  
43.48

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.80	

Date of Receipt  
06 / 28 / 2012  
**Transaction ID : A3B8AAD497BB94A1C904**

Amount of Each Receipt this Period  
43.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Martin A. Dietrich**

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : A7EB72EA1900A4DAEACI**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**B. Mr. Martin M. Doto CPCU, MSIM**

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Senior Vice President Insurance Operat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

**Transaction ID : AE78CCC0AEDCC439B907**

Amount of Each Receipt this Period  

750.00
--------

Full Name (Last, First, Middle Initial)  
**C. Mr. Charles W. Drier**

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : A3715B4A2B3A3473BBB5**

Amount of Each Receipt this Period  

75.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1075.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1057.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A936641709F1D4945AB2**  
 Amount of Each Receipt this Period  
 96.16

**B. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : A3C0465F4EDD1406E9B0**  
 Amount of Each Receipt this Period  
 96.16

**C. Mr. Gregg A. Dykstra J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : AF129D7D9F3E0400FB7B**  
 Amount of Each Receipt this Period  
 96.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 76  
(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. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012  
**Transaction ID : AD8CDDA6AAAE144EEAE**  
 Amount of Each Receipt this Period  
 38.47

**B. Mr. Fred A. Edmond CPCU, CIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 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 ▼ 500.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : A728726A22FB04D4D867**  
 Amount of Each Receipt this Period  
 38.47

**C. Mr. Paul Ehlert**  
 Full Name (Last, First, Middle Initial)  
 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 Associa Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A46D6A164EF434EF3BF4**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1076.94  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. David B. Emerson**

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : A4B58FBA78C144513889**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. 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 Company Occupation Manager-Project Research & Coordinatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : A2200D896B7F244B0892**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President - Information

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : AFF857A6F135541C19AD**

Amount of Each Receipt this Period  
**111.11**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **711.11**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Gayle Fisher**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	06	/	2012

**Transaction ID : ACE3ACB9433C844A487F**

Amount of Each Receipt this Period  

55.00
-------

**B. Mr. Carroll Fitzgerald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	01	/	2012

**Transaction ID : AA8C1948C8D724137B61**

Amount of Each Receipt this Period  

100.00
--------

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	11	/	2012

**Transaction ID : AD64F30D6648849BF9A6**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brad Fortner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 703 W Poplar St  
City Rogers State AR Zip Code 72756-4443  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Farmers Mutual Insurance Company Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2012  
**Transaction ID : AEBBA43CF50A744C4BC7**  
Amount of Each Receipt this Period  
250.00

**B. Mr. Philip M. Fullenkamp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Insurance Sq  
City Celina State OH Zip Code 45822-1659  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Celina Mutual Insurance Company Occupation Senior Vice President - CFO and Treasu  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2012  
**Transaction ID : AC1AC26D6187649C09AD**  
Amount of Each Receipt this Period  
250.00

**C. Mr. Matt Gannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 C St NW Ste 540  
City Washington State DC Zip Code 20001-2102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President Federal Affai  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2012  
**Transaction ID : AA5EB7522123949E299C**  
Amount of Each Receipt this Period  
20.00

**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: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Matt Gannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President Federal Affai

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 20 / 2012  
**Transaction ID : AF29AB3204E74457A92B**

Amount of Each Receipt this Period 20.00

**B. Mr. Matt Gannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President Federal Affai

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : A95FBF2EB80C547DC8C7**

Amount of Each Receipt this Period 20.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 08 / 2012  
**Transaction ID : AB197CE26F61642FC807**

Amount of Each Receipt this Period 38.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.47

**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: (check only one)	PAGE 25 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Bryan Gilleland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : A39E9B7278F824E5C9D5**  
 Amount of Each Receipt this Period  
 38.47

**B. Mr. Jimi Grande**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW Ste 540  
 City Washington State DC Zip Code 20001-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 904.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : AD92E114CBC1D4BAF8F4**  
 Amount of Each Receipt this Period  
 113.05

**C. Mr. Jimi Grande**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 C St NW Ste 540  
 City Washington State DC Zip Code 20001-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1017.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : A3E31CB2B498942379ED**  
 Amount of Each Receipt this Period  
 113.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 264.57  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Jimi Grande</b>			Date of Receipt 06 / 28 / 2012 <b>Transaction ID : AC5B1B3C73731491FAD4</b>
Mailing Address 122 C St NW Ste 540			Amount of Each Receipt this Period 113.05
City Washington	State DC	Zip Code 20001-2102	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1130.50
Name of Employer National Association of Mutual Insuran		Occupation Senior Vice President-Federal and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Clarence Guinn CPA</b>			Date of Receipt 06 / 06 / 2012 <b>Transaction ID : A878FBF00F1204C7A90B</b>
Mailing Address PO Box 489			Amount of Each Receipt this Period 1000.00
City Rogers	State AR	Zip Code 72757-0489	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Farmers Mutual Insurance Company		Occupation Assistant Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. Mr. Ron D. Hallenbeck CPCU</b>			Date of Receipt 06 / 18 / 2012 <b>Transaction ID : A8E7E2AF6FE024D61896</b>
Mailing Address PO Box 712			Amount of Each Receipt this Period 500.00
City Des Moines	State IA	Zip Code 50306-0712	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Employers Mutual Casualty Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1613.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. F. Timothy Hegarty Jr., CPCU</b>			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : ACEF5ADA80F6F48ACB7C</b>
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. F. Timothy Hegarty Jr., CPCU</b>			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : A39F262184FD344448FE</b>
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. David F. Honold</b>			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : AFC EE2EE79DB84EF0BC1</b>
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="76.93"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Senior Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="923.16"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="116.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. David F. Honold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : A8735EE358B2F44A3909**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Richard D. Hundven**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 432  
 City Buckley State WA Zip Code 98321-0432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Enumclaw Insurance Company Occupation Vice President - Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A89904CB62F494C05B5C**  
 Amount of Each Receipt this Period  
 250.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : AAFEC30D1CF2A4FEB98F**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	376.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Benjamin Jacobs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1285 Highway 15 S  
 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 Adjuster/Inspector  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2012  
**Transaction ID : AEF8D5303B2DC4333BDB**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Theresa Jakubick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A4D2DE471CCF143F6A3A**  
 Amount of Each Receipt this Period  
 20.00

**C. Ms. Theresa Jakubick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2012  
**Transaction ID : ACE172502FA5F4C80B84**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kraig T. Klopfenstein</b>		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Auto-Owners Insurance Company	Sales/Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
<b>Transaction ID : A5DFBE81E4E5B4A989B8</b>		

Full Name (Last, First, Middle Initial) <b>B. Ms. Pam Lahodny</b>		Date of Receipt
Mailing Address 500 Hwy. 77-A		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Yoakum	TX	77995
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Hochheim Prairie Farm Mutual Insurance	Claims Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
<b>Transaction ID : A363EE4AA89E745EE89E</b>		

Full Name (Last, First, Middle Initial) <b>C. Mr. Steven Linkous</b>		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Harford Mutual Insurance Company	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
<b>Transaction ID : A10B48154643E4A4AABE</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="575.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Manager - Commercial Lines E-Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 06 / 2012  
**Transaction ID : A7AA65D285C5D497DAC6**

Amount of Each Receipt this Period 40.00

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 06 / 2012  
**Transaction ID : A499690ED96924501927**

Amount of Each Receipt this Period 100.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 08 / 2012  
**Transaction ID : A663375CEC58343E7ABC**

Amount of Each Receipt this Period 38.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.47

**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: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt **06 / 22 / 2012**

**Transaction ID : A2CFD6F95381C4B6D815**

Amount of Each Receipt this Period **38.47**

**B. Ms. Sherry L. McKenzie AAM, AIS**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 06 / 2012**

**Transaction ID : A6BB7CE3E66134D8A929**

Amount of Each Receipt this Period **40.00**

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.64**

Date of Receipt **06 / 08 / 2012**

**Transaction ID : AF7D7B0AD95074C60A6C**

Amount of Each Receipt this Period **38.47**

**SUBTOTAL** of Receipts This Page (optional)..... **116.94**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

**A. Mr. Brian S. McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Mutual Avenue  
 City Frankenmuth State MI Zip Code 48787-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : A54A26970903A456D851**  
 Amount of Each Receipt this Period  
 38.47

**B. Mr. David Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : AF2D5A99AB30A44139E8**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. David Middleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : A11DD6B6D8C9A498780C**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.47
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : A308ACE4980114B40B78**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Stephen H. Miller CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Eastlake Ave E  
 City Seattle State WA Zip Code 98109-5407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PEMCO Mutual Insurance Company Occupation Vice President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A69979F77CBDD45C5B34**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Dona L. Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 Hopley Ave  
 City Bucyrus State OH Zip Code 44820-3569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A499045A36B01477A9E9**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

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

**A. Ms. Dona L. Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 Hopley Ave  
 City Bucyrus State OH Zip Code 44820-3569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President-Quality Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2012  
**Transaction ID : A4E09A0350DFE45D884A**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. William W. Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Insurance Sq  
 City Celina State OH Zip Code 45822-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Celina Mutual Insurance Company Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2012  
**Transaction ID : A20DCD9B1F0054373BE8**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. William W. Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Insurance Sq  
 City Celina State OH Zip Code 45822-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Celina Mutual Insurance Company Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : A925EF401326F4FF981E**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Ms. Karlyn T. Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Corporate Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A56EF6B9460D2449684E**  
 Amount of Each Receipt this Period  
 80.00

**B. Mr. Eric Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012  
**Transaction ID : A67666831A0454676AD4**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Katherine Noiro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Marketing & Sal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A55008C3A85B24EB38E9**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	371.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Robert F. Ohler**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.22

Date of Receipt 06 / 11 / 2012  
**Transaction ID : ADC6776F479244F19A55**

Amount of Each Receipt this Period 111.11

**B. Mr. Erik O'neill**  
Full Name (Last, First, Middle Initial)

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 Association Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2012  
**Transaction ID : AC33CC472DEEC4DF8815**

Amount of Each Receipt this Period 250.00

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Underwriting Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 419.06

Date of Receipt 06 / 11 / 2012  
**Transaction ID : AF31C17C3AAA0444F9B7**

Amount of Each Receipt this Period 38.09

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 399.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John A. Paul PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 498

City Council Bluffs	State IA	Zip Code 51502-0498
FEC ID number of contributing federal political committee. C		
Name of Employer Western Iowa Mutual Insurance Associat	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
06 / 13 / 2012  
**Transaction ID : A89BD7A4DF2D74857BD1**

Amount of Each Receipt this Period  
100.00

**B. Mr. John A. Paul PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 498

City Council Bluffs	State IA	Zip Code 51502-0498
FEC ID number of contributing federal political committee. C		
Name of Employer Western Iowa Mutual Insurance Associat	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
06 / 29 / 2012  
**Transaction ID : AE942B4615A514FE3986**

Amount of Each Receipt this Period  
100.00

**C. Mr. David Reddick PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Vincennes Rd

City Indianapolis	State IN	Zip Code 46268-1154
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
06 / 01 / 2012  
**Transaction ID : AF23349C6C3D245C18B3**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David Reddick PhD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2012
Mailing Address 3601 Vincennes Rd		<b>Transaction ID : ACDA53EEC75C24BA5BEI</b>
City Indianapolis	State IN	Zip Code 46268-1154
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Reddick PhD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address 3601 Vincennes Rd		<b>Transaction ID : A77E09014CDA24732860</b>
City Indianapolis	State IN	Zip Code 46268-1154
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jonathan R. Riekse</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2012
Mailing Address PO Box 30660		<b>Transaction ID : A8D7CDA7E81424003B6A</b>
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Todd W. Rissel**

Mailing Address **PO Box 3518**

City **Stamford** State **CT** Zip Code **06905-0518**

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

Name of Employer **e2Value, Inc.** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**06 / 29 / 2012**

**Transaction ID : AFE9061C0BEB94514BBF**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. L. 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 ▼ **1490.00**

Date of Receipt  
**06 / 01 / 2012**

**Transaction ID : A294CE416289E4EA5BB9**

Amount of Each Receipt this Period  
**250.00**

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

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 **United Ohio Insurance Company** Occupation **Claims Operations Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**06 / 06 / 2012**

**Transaction ID : AEA803A91CCFE419F883**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>575.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Mary Rowlinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City State Zip Code  
 Bucyrus OH 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United Ohio Insurance Company Claims Operations Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012  
**Transaction ID : AD92219CB9F72411E8BA**  
 Amount of Each Receipt this Period  
 25.00

**B. Mr. Kenneth Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President, Commercial Unde  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A743ABCF5AC744AABAE1**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Fred A. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Idlewood Blvd  
 City State Zip Code  
 Staunton VA 24401-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Augusta Mutual Insurance Company Secretary/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 Y  
 06 / 01 / 2012  
**Transaction ID : A007617BB6EB543159B7**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012  
**Transaction ID : AFB0C02CD33EF44F0B9A**

Amount of Each Receipt this Period  
20.00

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012  
**Transaction ID : A791645A1318C40A0A8**

Amount of Each Receipt this Period  
20.00

**C. Ms. Beverly J. Skopic**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 577

City Huntingdon	State PA	Zip Code 16652-0577
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Benefit Insurance Company	Occupation Assistant Vice President-Commercial Li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012  
**Transaction ID : A8F3C138319D84ADCA2A**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Steven C. Sliver CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 577  
 City State Zip Code  
 Huntingdon PA 16652-0577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mutual Benefit Insurance Company President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A6DC73B1C9D0540B79B9**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Geoffrey Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : AE60FBB7D2FB94883ADF**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. John K. Smith CRM, CIC,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Commerce Sq  
 City State Zip Code  
 Philadelphia PA 19103-7042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pennsylvania Lumbermens Mutual Insuran President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 774.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012  
**Transaction ID : AF6445CEDE54341359E9**  
 Amount of Each Receipt this Period  
 180.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Irica Solomon</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2012 <b>Transaction ID : A1F45279A492B427BB44</b>
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 43.48
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 Political Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.84

Full Name (Last, First, Middle Initial) <b>B. Ms. Irica Solomon</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 <b>Transaction ID : AEC00DAFD10624FB5B47</b>
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 43.48
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 Political Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.32

Full Name (Last, First, Middle Initial) <b>C. Ms. Irica Solomon</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2012 <b>Transaction ID : A5846C6D2DC3249DF952</b>
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 43.48
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 Political Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Vice Chairman of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012  
**Transaction ID : A0E9E90AF2889447EA9C**

Amount of Each Receipt this Period  
 250.00

**B. Mr. Tim F. Sullivan RPLU**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

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

Name of Employer	Occupation
NAMIC Insurance Company, Inc.	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A208CEE64C190449CB05**

Amount of Each Receipt this Period  
 40.00

**C. Mr. Tim F. Sullivan RPLU**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

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

Name of Employer	Occupation
NAMIC Insurance Company, Inc.	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : A81BFC15E70A74182AA8**

Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>520.00</b>	

Date of Receipt  
**06 / 28 / 2012**  
**Transaction ID : AC82661F9E6C94056BB8**

Amount of Each Receipt this Period  
**40.00**

**B. Mr. Douglas M. Sullivan CIC, PFMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 37

City Orion	State IL	Zip Code 61273-0037
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Svea Mutual Insurance Company	Occupation Manager/Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>325.00</b>	

Date of Receipt  
**06 / 01 / 2012**  
**Transaction ID : ACEB35C6FF3624C6AB3F**

Amount of Each Receipt this Period  
**250.00**

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

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Auto-Owners Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>510.00</b>	

Date of Receipt  
**06 / 06 / 2012**  
**Transaction ID : A5B9B0A4C16D245C48B2**

Amount of Each Receipt this Period  
**85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>220.00</b>	

Date of Receipt  
**06 / 01 / 2012**  
Transaction ID : **A7AFFDA21C77D4100A0D**  
Amount of Each Receipt this Period  
**20.00**

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

Date of Receipt  
**06 / 20 / 2012**  
Transaction ID : **A10D8432148D3456EA92**  
Amount of Each Receipt this Period  
**20.00**

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Association of Mutual Insuran	Occupation State Affairs Manager/Northeast Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>260.00</b>	

Date of Receipt  
**06 / 28 / 2012**  
Transaction ID : **A324D4D956540405F927**  
Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Daniel J. Thelen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President of Human Resourc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : AADA2CFBFB1804E8DB7C**  
 Amount of Each Receipt this Period  
 45.00

**B. Mr. Joe Thesing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - State Affai  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A6BA8718DBABF4931A21**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Joe Thesing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : A4373E150D011490BB2B**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Assistant Vice President - State Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt  
06 / 28 / 2012  
Transaction ID : A76665829F9D64894AD5

Amount of Each Receipt this Period  
40.00

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

City Algona	State IA	Zip Code 50511-0594
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Mutual Insurance Association	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt  
06 / 20 / 2012  
Transaction ID : AA9F95346CAFB4CDEB12

Amount of Each Receipt this Period  
100.00

**C. Mr. Randall Trinklein**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President of Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Date of Receipt  
06 / 08 / 2012  
Transaction ID : A4006068F2A1642E0981

Amount of Each Receipt this Period  
39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	179.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2012  
**Transaction ID : A461830BF0C44478ABF**  
Amount of Each Receipt this Period  
39.00

**B. Mrs. Ellen S. Truant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Main St  
City Bel Air State MD Zip Code 21014-3544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harford Mutual Insurance Company Occupation Vice President-Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.18

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2012  
**Transaction ID : A63DBBEF45C394CB58D3**  
Amount of Each Receipt this Period  
43.65

**C. Ms. Pamela L. Turner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 633 E Market St  
City Harrisonburg State VA Zip Code 22801-4229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rockingham Mutual Insurance Company Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2012  
**Transaction ID : A1B660BE0FD1347978F1**  
Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	332.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

**A. Mr. Aaron J. Valentine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Preferred Way  
 City State Zip Code  
 New Berlin NY 13411-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Preferred Mutual Insurance Company Senior Vice President, Treasurer & CFO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : AC261AAED7FDF48CDBF/**  
 Amount of Each Receipt this Period  
 60.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A7D47CACF589B4F579F1**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Randy Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5602 Riverside Dr  
 City State Zip Code  
 Dublin OH 43017-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Mutual Insurance Company Director-Chairman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A3975849EE92747A3B5E**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. James J. Walsh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Vice President-Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A03B89364E4094DEE817**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Ian R. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30660  
 City State Zip Code  
 Lansing MI 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auto-Owners Insurance Company Senior Vice President, Investments and  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : A0CECCAD4562A41E6B22**  
 Amount of Each Receipt this Period  
 40.00

**c. Mr. Terry H. Wendorff CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7988  
 City State Zip Code  
 Madison WI 53707-7988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wisconsin Reinsurance Corporation President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A37BE45784CBE4CFFA9D**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **06 / 06 / 2012**

**Transaction ID : ACEA9C0C47D0A4E3793C**

Amount of Each Receipt this Period **84.00**

**B. Mr. James W. Wilds CPCU, ARM,**  
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **06 / 08 / 2012**

**Transaction ID : AFE1EF7A6FD3442978D0**

Amount of Each Receipt this Period **120.00**

**C. Mr. James W. Wilds CPCU, ARM,**  
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **06 / 22 / 2012**

**Transaction ID : A036EBC19601648A0A88**

Amount of Each Receipt this Period **120.00**

**SUBTOTAL** of Receipts This Page (optional)..... **324.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. James W. Wilds CPCU, ARM,**  
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : ABAA1EFA8CF1B42DAAE**

Amount of Each Receipt this Period  
200.00

**B. Mr. David Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

Name of Employer Mutual of Enumclaw Insurance Company Occupation Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2012

**Transaction ID : AE6398076E9A24BCBA43**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3968

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

Name of Employer Auto-Owners Insurance Company Occupation SVP, Assoc. Secretary & Assoc. General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : A6F125382FC894CB59B4**

Amount of Each Receipt this Period  
42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1242.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Sharon V. Woodward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N Charles St Ste 640  
 City Baltimore State MD Zip Code 21201-3808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baltimore Equitable Insurance Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : A4F16EF1BC743414D931**  
 Amount of Each Receipt this Period 100.00

**B. Mr. Jeffrey S. Wrobel SR, CPCU,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6927  
 City Richmond State VA Zip Code 23230-0927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Assurance Society of Virginia Occupation EVP, IT & Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 01 / 2012  
**Transaction ID : A1EBFA576B96244C6AEA**  
 Amount of Each Receipt this Period 42.00

**C. Mr. Jerry G. Zenke PFMM**  
 Full Name (Last, First, Middle Initial)  
 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 Insurance Company Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 06 / 20 / 2012  
**Transaction ID : A80B03EFDFDC4E9EAD9**  
 Amount of Each Receipt this Period 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.33
<b>TOTAL</b> This Period (last page this line number only).....▶	21312.62

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 76  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)  
**A. NAMIC Administrative Fund**

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **915.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2012**

**Transaction ID : AEA38ED5B545644138AA**

Amount of Each Receipt this Period  
**327.65**

Reimb. of bank fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>327.65</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>327.65</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : BA6EFC950C25F4FBC9B8**

Amount of Each Disbursement this Period

9	7	.	7	2
---	---	---	---	---

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

Category/  
Type

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

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

9	7	.	7	2
---	---	---	---	---

9	7	.	7	2
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith for Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Adrian Smith**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B4AF1565A74014C0C8F2**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Mailing Address PO Box 426

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Andrew P. Harris**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B68F5F554CB1E439CA73**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. AUSTIN SCOTT FOR CONGRESS INC**

Mailing Address PO BOX 2530

City State Zip Code  
TIFTON GA 31793

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Austin Scott**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B82DAA5D3801A4943841**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. BASS VICTORY COMMITTEE**

Mailing Address PO BOX 3451

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name  
**Rep. Charles F. Bass**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : **B6FEC516406DC41588FA**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City State Zip Code  
McLean VA 22101

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: District: Other2012

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : **B6711DB5C249048ADAB8**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BOBBY SCHILLING FOR CONGRESS**

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City State Zip Code  
EAST MOLINE IL 61244

Purpose of Disbursement  
General 2012 Contribution

Candidate Name  
**Rep. Bobby T. Schilling**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : **BBA5BC80F32AD41D38B5**

Amount of Each Disbursement this Period

2000.00

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

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Larry Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B12550CE9C5AE4D36BC6**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Candice Miller for Congress**

Mailing Address PO Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Candice S. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B35EA468F9A8B441C9E7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Canseco for Congress**

Mailing Address 10004 Wurzbach Road #366

City San Antonio State TX Zip Code 78230

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Francisco Quico Canseco**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B59777198CC3A4F3DA18**

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Cathy Ann McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

**Transaction ID : B57895BA937844E43A3D**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Crenshaw for Congress Campaign**

Mailing Address 4963 Beach Boulevard

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Ander Crenshaw**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

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

**Transaction ID : BD0F28E0A11734A79A2F**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Daniel Webster for Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Daniel Webster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

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

**Transaction ID : BB272F2F5B866466E880**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code  
SACRAMENTO CA 95833

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Jeff Denham**

Office Sought:  House  
 Senate  
 President  
State: CA District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2012

Transaction ID : B8D6BD2EF5B314AAF871

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Diane Black for Congress**

Mailing Address PO Box 1437

City State Zip Code  
Gallatin TN 37066

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Diane Lynn Black**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2012

Transaction ID : BFD81EF70C21C43698FE

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address PO Box 8145

City State Zip Code  
Northfield IL 60093

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Bob J. Dold**

Office Sought:  House  
 Senate  
 President  
State: IL District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2012

Transaction ID : B9B11B21D565C496EAF3

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MURPHY**

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name  
**Christopher S Murphy**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CT District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : B914A2172B58B46D6B51

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF FRANK GUINTA**

Mailing Address P.O. BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name  
**Rep. Frank C. Guinta**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NH District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : BDF1E9DDB7ACB4F64AE/

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
General 2012 Contribution

Candidate Name  
**Rep. Joseph J. Heck**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : BDA8C9600D5504C2F965

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. John A. Boehner**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BA327EDB30C6E43A7BB7**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF RICH NUGENT**

Mailing Address PO BOX 15668

City BROOKSVILLE State FL Zip Code 34604

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Richard B. Nugent**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B6B389E4D28E141809A2**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Todd Young**

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B95ACDFE8533E4822AAB**

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Gardner for Congress 2012**

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Cory Scott Gardner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BC048AE01DE834922933**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Hoosiers for Rokita**

Mailing Address 7643 East U.S. 36

City Avon State IN Zip Code 46123

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Todd E. Rokita**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BA9B88522085A488996B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ISSA FOR CONGRESS**

Mailing Address PO BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Darrell E. Issa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BBCC57910EA8E49CE993**

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Jim Jordan for Congress**

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Jim Jordan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : BCEF475BD3447435796F**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jobs, Economy and Budget Fund (JEB FUND)**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : BEAA299B27F5446D8B89**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : BD8C70E3F3BED492F915**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Kristi for Congress**

Mailing Address PO Box 852

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Kristi Lynn Noem**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : BD31BC75572DC4E88A55**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LIBERTY PROJECT**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Other2012

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2012

**Transaction ID : B2AB551012C8C463BA88**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MAJORITY IN CONGRESS PAC**

Mailing Address 601 N FERNCREEK AVE, SUITE 200

City State Zip Code  
ORLANDO FL 32803

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Other2012

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : B33188C589A6042DDB4E**

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
General 2012 Contribution

Candidate Name  
**Rep. Marsha Blackburn**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BE43A4727F1754AE5900**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. McHenry for Congress**

Mailing Address PO Box 1406

City State Zip Code  
Hickory NC 28603

Purpose of Disbursement  
General 2012 Contribution

Candidate Name  
**Rep. Patrick T. McHenry**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B6774AE374D3D4689A27**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Michael Grimm for Congress**

Mailing Address PO Box 270

City State Zip Code  
Staten Island NY 10310

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name  
**Rep. Michael G. Grimm**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: NY District: 13

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BB16BD0F7A1824996823**

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) Other2012

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : B6D841EAAEB9C4C5CACF

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. NUNNELEE FOR CONGRESS**

Mailing Address 438 EAST MAIN ST  
PO BOX 7092

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Alan Nunnelee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MS District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : B653913D39B61479991C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Palazzo for Congress**

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Steven M. Palazzo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MS District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : B1C437C64EC2F4001832

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. People for Enterprise Trade and Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B6B4ECDBAB373493C94D**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. PRIORITY PAC**

Mailing Address P. O. BOX 3683

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B4122FF5EB7634AD2A6E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Prosperity Pac**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B8DB1E7DFEFC54B4A947**

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Renee L. Ellmers**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BFE165E7EC3934E0EBDA**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Ribble for Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Reid J. Ribble**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BA77F68CFC3B84398A30**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert Hurt for Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Robert Hurt**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B376828FE816548D89BB**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Shelley Moore Capito for Congress**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Shelley Moore Capito**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BD9C8F104BDA649FF888**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Southerland for Congress**

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Steve Southerland II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BCA08EF4EF371475B863**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Stephen Lee Fincher**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B6DA81E4A37304F1A9DE**

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Stephen Lee Fincher**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B1939576639574911BD9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BAE1EC2EF890340CD824**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Other2012

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BB56B6625430F44358D8**

Amount of Each Disbursement this Period

3000.00

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : BEA1271FD03F942CDA1B**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Walberg for Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Tim L. Walberg**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

**Transaction ID : B555037D85DE34667BF2**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5000.00

99000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Howard Maxwell**

Mailing Address 716 Graham Road

City Dallas State GA Zip Code 30132

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : BB3536E56F9974EC38E5**

Amount of Each Disbursement this Period

500.00
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**B. Tom Knox for State House**

Mailing Address 5503 Williams Shores Drive

City Cumming State GA Zip Code 30041

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : B3C9009BBA07741489B1**

Amount of Each Disbursement this Period

500.00
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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

1000.00
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1000.00
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