

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

10 W. 106th St.

Suite 100

☐ Check if different than previously reported. (ACC)

Carmel

IN

46290-1002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Grande, Jimi, , Mr.,

Signature of Treasurer

Grande, Jimi, , Mr.,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

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, 2026		153517.12
(b) Cash on Hand at Beginning of Reporting Period.....	132656.80	
(c) Total Receipts (from Line 19)	52275.46	465433.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	184932.26	618951.09
7. Total Disbursements (from Line 31)	53578.15	487596.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131354.11	131354.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	34541.05	362306.87
(ii) Unitemized	3823.60	64819.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38364.65	427126.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	30500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48364.65	457626.55
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).....	3569.40	3669.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	341.41	2138.02
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))	52275.46	465433.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52275.46	465433.97

DETAILED SUMMARY PAGE of Disbursements

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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	133.15	2783.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	133.15	2783.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	458500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	764.32
(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	764.32
29. Other Disbursements (Including Non-Federal Donations).....	13445.00	25549.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	53578.15	487596.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53578.15	487596.98

DETAILED SUMMARY PAGE
of Disbursements

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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)	48364.65	457626.55
34. Total Contribution Refunds (from Line 28(d))	0.00	764.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48364.65	456862.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	133.15	2783.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3569.40	3669.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	- 3436.25	- 885.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adams, David, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Assistant Vice President - Field Opera

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
07 / 09 / 2026**Transaction ID : A8A97DC3A880740FB960**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Adams, Jake, , ,

Mailing Address 6101 Anacapri Blvd

City
LansingState
MIZip Code
48917-3968FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : AC7A4E8938E3B4B60BD2**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Adcock, Cathy, M., ,

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : AB786DADADE6046C0849**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 74
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alexander, Stephen, , ,

Mailing Address PO Box 468

City
NeenahState
WIZip Code
54957-0468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewelers Mutual Insurance CompanyOccupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A33EA9A5E7FA34EED9FB

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alldredge, Neil, , ,

Mailing Address PO Box 68700

City
IndianapolisState
INZip Code
46268-0700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : AB644E57A2D1A4412B86

Amount of Each Receipt this Period

576.90

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anderson, Jordan, , ,

Mailing Address PO Box 1070

City
GalaxState
VAZip Code
24333-1070FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grayson Carroll Wythe Mutual InsuranceOccupation (for Individual)
Accounting/Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2026

Transaction ID : AE0ABB9D48F14424C8AD

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1026.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 74
(check only one)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arora, Neeru, , ,

Mailing Address PO Box 111

City
BucyrusState
OHZip Code
44820-0111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Director

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
07 / 15 / 2026

Transaction ID : A01D529A2C5424750B02

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Payroll Deduction: \$1000.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Banfield, Sloan, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President, Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A1D65FC6C5F6C41E5A82

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barber, Traci, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbersmens Mutual InsuranOccupation (for Individual)
Assistant Vice President of Customer S

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
07 / 09 / 2026

Transaction ID : AB0BE9FE6910445029B5

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

1090.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 74
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Baruffi, Anthony, , ,

Mailing Address 1460 Wells St

City
EnumclawState
WAZip Code
98022-3003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of Enumclaw Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2026

Transaction ID : AFC42375C68064EEC9C4

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beckman, John, , ,

Mailing Address PO Box 708

City
HoustonState
MNZip Code
55943-0708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mound Prairie Mutual Insurance CompanyOccupation (for Individual)
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
07 / 09 / 2026

Transaction ID : A0C00241B94F14A57993

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Belcher, Chris, , ,

Mailing Address PO Box 618

City
ColumbiaState
MOZip Code
65205-0618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : A30BAED05B38742F5B6F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Payroll Deduction: \$83.33/Bi-Weekly

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

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

433.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 74
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Berger, Robert, , ,

Mailing Address 1725 Hopley Ave

City
BucyrusState
OHZip Code
44820-3569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Claims Unit Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026**Transaction ID : A27D60880872E4CAF86F**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bingham, Amy, , ,

Mailing Address PO Box 129

City
PekinState
ILZip Code
61555-0129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth InsuranceOccupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026**Transaction ID : ABE2F1F10E4A74AB18A5**

Amount of Each Receipt this Period

78.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bischoff, Jeff, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Assistant Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : AC98FD3A722FF4F9C9E5**

Amount of Each Receipt this Period

208.34

☐ Memo Item

Payroll Deduction: \$208.34/Bi-Weekly

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

346.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Block, Jake, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : A37E659AD4C1445B6852**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction: \$41.67/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bouknight, Nick, , ,

Mailing Address 702 E St NE

City
WashingtonState
DCZip Code
20002-5232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NamicOccupation (for Individual)
Vice President of Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2026**Transaction ID : A39AFDA5E1D8B48C7A97**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boyer, Todd, , ,

Mailing Address PO Box 111

City
BucyrusState
OHZip Code
44820-0111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance GroupOccupation (for Individual)
Vice President, Corporate Communicati

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

402.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2026**Transaction ID : A2C28A585762E496BBA7**

Amount of Each Receipt this Period

75.39

☐ Memo Item

Payroll Deduction: \$25.13/Bi-Weekly

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

367.06

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 74

☒ 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Braiman, Daniel, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Loss Control 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
07 / 09 / 2026**Transaction ID : A154923152FE344DE9E2**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Briscoe, Sean, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Assistant Vice President, Underwriting

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
07 / 09 / 2026**Transaction ID : ACD6283EA21EA4A19B83**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Browne, Brandon, , ,

Mailing Address 20 F St NW

City
District of ColumbiaState
DCZip Code
20001-6700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NamicOccupation (for Individual)
Political Affairs Coordinator

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
07 / 08 / 2026**Transaction ID : A850946C88E3A40A8B94**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

580.00

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

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

FOR LINE NUMBER: PAGE 13 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Heather, , ,

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 (for Individual)
Ohio Mutual Insurance Company

Occupation (for Individual)
Commercial Lines Underwriting Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

07 / 28 / 2026

Transaction ID : A2320243FFF804753A6A

Amount of Each Receipt this Period

108.00

☐ Memo Item

Payroll Deduction: \$36.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bubeck, Kathy, A., ,

Mailing Address 1134 N 9th St

City
Milwaukee

State
WI

Zip Code
53233-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Badger Mutual Insurance Company

Occupation (for Individual)
Vice President, Claims/Corporate Secr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.20

Date of Receipt

07 / 24 / 2026

Transaction ID : AA30207C58A814E4BA73

Amount of Each Receipt this Period

27.70

☐ Memo Item

Payroll Deduction: \$27.70/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buckley, John, , ,

Mailing Address 4700 77th St W

City
Edina

State
MN

Zip Code
55435-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western National Mutual Insurance Comp

Occupation (for Individual)
2nd Vice President, Claim Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2026

Transaction ID : ADC4BF8AED5B7453CA37

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1135.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cammarata, Peter, J., ,

Mailing Address PO Box 419

City
IrvingtonState
VAZip Code
22480-0419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Neck InsuranceOccupation (for Individual)
Acting CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A705A56B1932847EDB24

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cavanagh, Susan, , ,

Mailing Address PO Box 1463

City
MinneapolisState
MNZip Code
55440-1463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western National Mutual Insurance CompOccupation (for Individual)
Vice President - Claims

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
07 / 14 / 2026

Transaction ID : A20F003086BAC4DD3B0A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Charamella, John, M., ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President - Home Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A015149A2070045E3B7A

Amount of Each Receipt this Period

220.00

☐ Memo Item

Payroll Deduction: \$220.00/Bi-Weekly

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

2260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cogdil, Nina, , ,

Mailing Address PO Box 618

City
ColumbiaState
MOZip Code
65205-0618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : A31B23CA553DA449DAA4

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Collins, Erin, , ,

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NamicOccupation (for Individual)
Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A6D51EC9C1EB84B08BF9

Amount of Each Receipt this Period

288.45

☐ Memo Item

Payroll Deduction: \$96.15/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Combs, Chad, , ,

Mailing Address PO Box 111

City
BucyrusState
OHZip Code
44820-0111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Ins GroupOccupation (for Individual)
Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : A4ECE95F7DAEC4CE9A17

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

428.45

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 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cotto, Anthony, , ,

Mailing Address 20 F St NW

City
Washington

State
DC

Zip Code
20001-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual Insuran

Occupation (for Individual)
Director of Auto and Underwriting Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 31 / 2026

Transaction ID : ADE6CFCF0C9214834B43

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Couchman, Jeffrey, , ,

Mailing Address 4700 77th St W

City
Edina

State
MN

Zip Code
55435-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western National Mutual Insurance Comp

Occupation (for Individual)
Executive Vice President Underwritin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.81

Date of Receipt

07 / 14 / 2026

Transaction ID : AD8C5014B2F1242E6AF1

Amount of Each Receipt this Period

96.19

☐ Memo Item

Payroll Deduction: \$96.19/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coykendall, Scott, , ,

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 (for Individual)
Auto-Owners Insurance Company

Occupation (for Individual)
Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 07 / 2026

Transaction ID : ABF38AEF35B0C4A32A25

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.19

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cross, Stephen, , ,

Mailing Address 250 Main St

City
BuffaloState
NYZip Code
14202-4104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Merchants Mutual Insurance CompanyOccupation (for Individual)
CIO

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
07 / 07 / 2026

Transaction ID : AECE91E3F8372428F827

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crown, Brian, , ,

Mailing Address 6101 Anacapri Blvd

City
LansingState
MIZip Code
48917-3968FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Director, Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A7338ED1B5CC74801BD0

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dean, Anthony, O., ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
President & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AA623C6C05A254DAD998

Amount of Each Receipt this Period

170.00

☐ Memo Item

Payroll Deduction: \$170.00/Bi-Weekly

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

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeMartini, John, , ,

Mailing Address 501 Merritt 7

City
NorwalkState
CTZip Code
06851-7000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : A79E9361CA24D46F3853

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DeVore, Shelly, , ,

Mailing Address PO Box 618

City
ColumbiaState
MOZip Code
65205-0618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : A701E8411558744BB87B

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DiGangi, Lindsey, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbersmens Mutual InsuranOccupation (for Individual)
Assistant Vice President Marketing

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
07 / 09 / 2026

Transaction ID : A42E8DDD7914745C0A31

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duncan, Tracy, , ,

Mailing Address 6101 Anacapri Blvd

City
LansingState
MIZip Code
48917-3968FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Branch Underwriting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AB7ED9236D4AF4AD2B4C

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Duveneck, Katherine, , ,

Mailing Address 20 F St NW

City
WashingtonState
DCZip Code
20001-6700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
Federal Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A0F26FD40F59641FAB96

Amount of Each Receipt this Period

348.00

☐ Memo Item

Payroll Deduction: \$116.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edmond, Fred, A., , Jr.

Mailing Address 1 Mutual Ave

City
FrankenmuthState
MIZip Code
48787-1000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth Insurance CompanyOccupation (for Individual)
Insurance Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : AC8F4A8340A6249328F6

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

1024.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 74
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fasoldt, Jeffrey, , ,

Mailing Address 1 Preferred Way

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

C

Name of Employer (for Individual)
Preferred Mutual Insurance CompanyOccupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2026

Transaction ID : A2F21F6F4CBC041868B4

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ferris, Daniel, P., ,

Mailing Address 1500 Mutual Way

City
NeenahState
WIZip Code
54956-5401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURA Insurance CompanyOccupation (for Individual)
SVP - Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A733ADC59189947D3BD9

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ferris, Daniel, P., ,

Mailing Address 1500 Mutual Way

City
NeenahState
WIZip Code
54956-5401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURA Insurance CompanyOccupation (for Individual)
SVP - Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2026

Transaction ID : A2ED067573A544D4EB72

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2383.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Firko, Steve, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Chief Operating Officer & EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : AC0A4E08EFE4846D9942

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fisher, Gayle, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President-Life Operatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A142D92B3607F497DBAB

Amount of Each Receipt this Period

84.00

☐ Memo Item

Payroll Deduction: \$84.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Forsyth, Patrick, , ,

Mailing Address PO Box 97

City
HoustonState
MNZip Code
55943-0097FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mound Prairie Mutual Insurance CompanyOccupation (for Individual)
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
07 / 28 / 2026

Transaction ID : A0374F09906054DEDB58

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

374.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fortner, Brad, , ,

Mailing Address 703 W Poplar St

City
RogersState
ARZip Code
72756-4443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Farmers Protective Mutual Insurance Co

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2026**Transaction ID : A63A161AF01E1470DBDA**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Francavilla, Patricia, , ,

Mailing Address PO Box 400

City

Branchville

State

NJ

Zip Code

07826-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Franklin Mutual Insurance Company

Occupation (for Individual)

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2026**Transaction ID : ABA88726D3299419C8C9**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Froment, Jillian, , ,

Mailing Address 2302 Haviland Rd

City

Columbus

State

OH

Zip Code

43220-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harford Mutual Insurance Company

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026**Transaction ID : A7FA8D17B5D9D41828AF**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fry, Donald, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : A4FCC00EBB677432B899

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ganguzza, Angelo, , ,

Mailing Address 903 NW 65th St

City
Boca RatonState
FLZip Code
33487-2864FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Vice President

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
07 / 09 / 2026

Transaction ID : A5F8B273C2CD94688A51

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garber, Sean, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : A230428CB9B1D42E097A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

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

540.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gearhart, Wayne, F., ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harford Mutual

Occupation (for Individual)

Senior Vice President & Chief Operatin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AE551DEF2710D456481A

Amount of Each Receipt this Period

208.34

☐ Memo Item

Payroll Deduction: \$208.34/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Givan, Jordan, , ,

Mailing Address 6400 Brotherhood Way

City

Fort Wayne

State

IN

Zip Code

46825-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brotherhood Mutual Insurance Company

Occupation (for Individual)

Director of Actuarial Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2026

Transaction ID : A1A760AF4236B436E99E

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goeglein, Chris, , ,

Mailing Address 250 High St

City

Fayetteville

State

GA

Zip Code

30214-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brotherhood Mutual Insurance Company

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : AC24E8E5795B2452A917

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

538.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grande, Jimi, , ,

Mailing Address 20 F St NW

City
WashingtonState
DCZip Code
20001-6700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
Senior Vice President, Federal & Polit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A9EDC1ABDADA245048A8

Amount of Each Receipt this Period

357.15

☐ Memo Item

Payroll Deduction: \$119.05/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gremillion, Ingrid, , ,

Mailing Address PO Box 68700

City
IndianapolisState
INZip Code
46268-0700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A421BFE73675A40DC928

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUINN, CLARENCE, , ,

Mailing Address PO Box 489

City
RogersState
ARZip Code
72757-0489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUTUAL OF ARKANSAS INS COOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2026

Transaction ID : AC49583F301744312B57

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

2917.15

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hacker, Ross, T., ,

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 (for Individual)
Auto-Owners Insurance Company

Occupation (for Individual)
Assistant VP - IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 07 / 2026

Transaction ID : A21C79D627AEE44018BB

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hall, Richard, , ,

Mailing Address 2005 Market St

City
Philadelphia

State
PA

Zip Code
19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbersmens Mutual Insuran

Occupation (for Individual)
Senior Vice President, Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 09 / 2026

Transaction ID : AA9A7692FE5164A1B965

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harkenrider, Scott, , ,

Mailing Address 222 Ames St

City
Dedham

State
MA

Zip Code
02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norfolk & Dedham Mutual Fire Insurance

Occupation (for Individual)
Supervisor, ACV

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 10 / 2026

Transaction ID : A7B8A29056BE1480394F

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harris, Pattie, , ,

Mailing Address 4700 77th St W

City
EdinaState
MNZip Code
55435-4818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western NationalOccupation (for Individual)
Executive Vice President – Prodi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026**Transaction ID : A2A47E2FF811246B5AFA**

Amount of Each Receipt this Period

96.15

☐ Memo Item

Payroll Deduction: \$96.15/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heeren, Shane, , ,

Mailing Address PO Box 5626

City
RockfordState
ILZip Code
61125-0626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford MutualOccupation (for Individual)
Vice President, Marketing & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2026**Transaction ID : ABDBA89EBD82949D0827**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Payroll Deduction: \$55.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heyroth, Timothy, , ,

Mailing Address PO Box 819

City
AppletonState
WIZip Code
54912-0819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURA Insurance CompanyOccupation (for Individual)
Vice President - Chief Sales Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026**Transaction ID : A7D81AB71B5DC4BAF9FF**

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll Deduction: \$19.00/Bi-Weekly

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

208.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hicks, Stephen, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Assistant Vice President, Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : AAB7632C7AAF847119D3

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hinson, Laura, , ,

Mailing Address 5640 Northmoor Dr

City
DallasState
TXZip Code
75230-2644FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : A3D6A84C0BC534693AE3

Amount of Each Receipt this Period

83.33

☐ Memo Item

Payroll Deduction: \$83.33/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holly, Brandi, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A19F861B0F4C2435CACD

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

173.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Horak, Sam, , ,

Mailing Address 4700 77th St W

City
EdinaState
MNZip Code
55435-4818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Western National Mutual Insurance Comp

Occupation (for Individual)

Vice President - Business Intelligence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : A08E2269531824535AAE

Amount of Each Receipt this Period

42.00

☐ Memo Item

Payroll Deduction: \$42.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jamison, Harold, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pennsylvania Lumbersmens Mutual Insuran

Occupation (for Individual)

Vice President, Regulatory Affairs

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
07 / 09 / 2026

Transaction ID : A2E3CE58D09564087A3F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Gary, , ,

Mailing Address PO Box 111

City
BucyrusState
OHZip Code
44820-0111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio Mutual Insurance Company

Occupation (for Individual)

Vice President, Commercial Lines Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : A4B99823F920649C3B47

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

202.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Karol, Thomas, , ,

Mailing Address 20 F St NW

City
WashingtonState
DCZip Code
20001-6700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
General Counsel - Federal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : ADB80822FBE5942FABC3

Amount of Each Receipt this Period

136.38

☐ Memo Item

Payroll Deduction: \$45.46/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kelton, Brent, , ,

Mailing Address 2102 Whitegate Dr

City
ColumbiaState
MOZip Code
65202-2335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : ABF2322C5D0F943578E5

Amount of Each Receipt this Period

83.33

☐ Memo Item

Payroll Deduction: \$83.33/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kennealy, John, , ,

Mailing Address 4 Lakewood Ave

City
MedfordState
NJZip Code
08055-3467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual InsuranOccupation (for Individual)
Vice President, Claims

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
07 / 09 / 2026

Transaction ID : A9ADD36EEA2924E129E0

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

259.71

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kenney, Travis, , ,

Mailing Address 1460 Wells St

City
EnumclawState
WAZip Code
98022-3003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of Enumclaw Insurance CompanyOccupation (for Individual)
Billing Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2026**Transaction ID : A50A5ACC2062346FCA1C**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kilrain, Tricia, , ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbersmens Mutual InsuranOccupation (for Individual)
Assistant Vice President - Field Opera

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026**Transaction ID : A3EBFFF9689584F3B955**

Amount of Each Receipt this Period

38.50

☐ Memo Item

Payroll Deduction: \$38.50/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kivell, Bud, , ,

Mailing Address 703 W Poplar St

City
RogersState
ARZip Code
72756-4443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of Arkansas Insurance Company,Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2026**Transaction ID : AB05553D3631C42CBAA1**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

128.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klestinski, Kevin, , ,

Mailing Address 8215 Greenway Blvd

City
MiddletonState
WIZip Code
53562-3685FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURA Insurance CompanyOccupation (for Individual)
Chief Underwriting Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A5F912EA31EF24FC28F2

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kraus, Wendy, , ,

Mailing Address 1500 Mutual Way

City
NeenahState
WIZip Code
54956-5401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURA Insurance CompanyOccupation (for Individual)
Executive Assistant to President and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A7A79301AA26E4564893

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kreul, John, , ,

Mailing Address 24 Jewelers Park Dr

City
NeenahState
WIZip Code
54956-3702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewelers Mutual Insurance CompanyOccupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A99B6D4C9EB804403850

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 74
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kristjanson, Scott, , ,

Mailing Address PO Box 1463

City
MinneapolisState
MNZip Code
55440-1463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western National Mutual Insurance CompOccupation (for Individual)
Assistant Vice President of Commercial

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
07 / 14 / 2026

Transaction ID : A329A24592553481E952

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lambert, Barbara, , ,

Mailing Address PO Box 328

City
BlountvilleState
TNZip Code
37617-0328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Tennessee Mutual Insurance CompanOccupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : A325DD9D2D0DB45649D5

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lannin, Jay, , ,

Mailing Address PO Box 100044

City
DuluthState
GAZip Code
30096-9344FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AA6E05F9B8BE64093A56

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lannutti, Nicholas, , ,

Mailing Address 222 E Park St

City
EdwardsvilleState
ILZip Code
62025-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Madison MutualOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2026

Transaction ID : A52097F7D9D154645B48

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lara, Melinda, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Vice President & Associate General Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A6C63B322EA2140159BA

Amount of Each Receipt this Period

37.00

☐ Memo Item

Payroll Deduction: \$37.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lawens, Mitch, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Manager - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A7174723A4F224862BEF

Amount of Each Receipt this Period

42.00

☐ Memo Item

Payroll Deduction: \$42.00/Bi-Weekly

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

109.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lear, Justin, L., ,

Mailing Address PO Box 396

City
EllinwoodState
KSZip Code
67526-0396FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eagle MutualOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A6C652AB1EF054A9F9BB

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lehmann, Todd, , ,

Mailing Address 57 Washington St

City
QuincyState
MAZip Code
02169-5303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quincy Mutual GroupOccupation (for Individual)
Chief Risk Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2026

Transaction ID : AB7949D1C6C48452194C

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lindemeyer, Andrea, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AB6EA13B3E72B4671AC2

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction: \$125.00/Bi-Weekly

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

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

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 74
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Linkous, Steve, D., ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Ins GroupOccupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3116.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AE8B63406674D4C13A05

Amount of Each Receipt this Period

416.66

☐ Memo Item

Payroll Deduction: \$416.66/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lynch, Tim, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A36ECFF8A3C364B159DC

Amount of Each Receipt this Period

84.00

☐ Memo Item

Payroll Deduction: \$84.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marazzo, John, F., ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbersmens Mutual InsuranOccupation (for Individual)
Vice President and Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : AAAB59FCAD663456582F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

540.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martinez, Shane, , ,

Mailing Address 10820 Harney St

City
OmahaState
NEZip Code
68154-2638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia National Insurance CompanyOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026**Transaction ID : A14F27B9AC04941A4A2C**

Amount of Each Receipt this Period

38.50

☐ Memo Item

Payroll Deduction: \$19.25/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, Zachary, , ,

Mailing Address 1 Mutual Ave

City
FrankenmuthState
MIZip Code
48787-1000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth Insurance CompanyOccupation (for Individual)
Vice President of Actuarial, Risk and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026**Transaction ID : A2D9F57056FF2496997A**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mashinski, Karen, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : A6ECA11677FF84E34859**

Amount of Each Receipt this Period

208.34

☐ Memo Item

Payroll Deduction: \$208.34/Bi-Weekly

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

363.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Massey, Christopher, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A62AC4795CDB14824A7C

Amount of Each Receipt this Period

62.50

☐ Memo Item

Payroll Deduction: \$62.50/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCullough, Sandra, , ,

Mailing Address PO Box 244017

City
MontgomeryState
ALZip Code
36124-4017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Regional Vice President - Montgomery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A4AB2E4AABF4C4A9B89C

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McNab, George, , ,

Mailing Address 1058 Treeline Way

City
DelawareState
OHZip Code
43015-3546FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
Regional Vice President

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
07 / 27 / 2026

Transaction ID : A68D95B65D8274185836

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

362.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McTague, Teresa, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : A94EAB373FC7E4CBFAF7

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mengerink, Rebecca, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AD5387E4FCFC74E58A7E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Merrihew, Scott, G., ,

Mailing Address 1 Mutual Ave

City
FrankenmuthState
MIZip Code
48787-1000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth Insurance CompanyOccupation (for Individual)
Assistant Vice President - Commercial

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A0CF73BEFCB2E44E39A3

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

420.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Michael, Scott, A., ,

Mailing Address 6101 Anacapi Blvd

City
LansingState
MIZip Code
48917-3968FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : A0BB7D50A4E484D97B8B

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$90.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mucher, Mike, , ,

Mailing Address 125 W Bruce St

City
HarrisonburgState
VAZip Code
22801-3615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norfolk & Dedham GroupOccupation (for Individual)
SVP, Underwriting & Distribution at No

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
07 / 10 / 2026

Transaction ID : AA1D5272CBD424E20B9F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murray, Joel, P., ,

Mailing Address 222 Ames St

City
DedhamState
MAZip Code
02026-1850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norfolk & Dedham Mutual Fire InsuranceOccupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2026

Transaction ID : A444EC8515A764C06BEF

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$150.00/Bi-Weekly

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

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

280.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murray, Michael, , ,

Mailing Address 4613 Winding Woods Ln

City
Hamburg

State
NY

Zip Code
14075-5453

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Merchants Insurance Group

Occupation (for Individual)
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2026

Transaction ID : AEE54B4E074984F24B42

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Musser, Eric, , ,

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 (for Individual)
Auto-Owners Insurance Company

Occupation (for Individual)
Juris Doctor Assistant, Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

07 / 07 / 2026

Transaction ID : AE8EF44A29AD848E3AE5

Amount of Each Receipt this Period

42.00

☐ Memo Item

Payroll Deduction: \$42.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nigro, Dan, , ,

Mailing Address 1134 N 9th St

City
Milwaukee

State
WI

Zip Code
53233-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Badger Mutual Insurance Company

Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

753.80

Date of Receipt

07 / 24 / 2026

Transaction ID : AEDE8075AB2594E60B8B

Amount of Each Receipt this Period

92.30

☐ Memo Item

Payroll Deduction: \$92.30/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

384.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 74
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nykaza, Pamela, , ,

Mailing Address PO Box 5626

City
RockfordState
ILZip Code
61125-0626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford Mutual Insurance CompanyOccupation (for Individual)
Assistant Vice President, Research & D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2026**Transaction ID : A3F19B92B511943BEB4C**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ollikainen, Shannon, , ,

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NamicOccupation (for Individual)
Chief of Staff/Assistant Corporate Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2026**Transaction ID : A9699CDE33A2A4710831**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ott, Kelly, , ,

Mailing Address 449 Queens Creek Dr E

City
FrankenmuthState
MIZip Code
48734-1631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth InsuranceOccupation (for Individual)
Chief Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2026**Transaction ID : AE5062318330C4819980**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

235.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 43 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Overturf, Matt, , ,

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 (for Individual)
National Association of Mutual Insuran

Occupation (for Individual)
Regional Vice President Ohio Valley &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 31 / 2026

Transaction ID : A6569AA894F4149E2A7F

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Owen, Claire, , ,

Mailing Address 2102 Whitegate Dr

City
Columbia

State
MO

Zip Code
65202-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance Company

Occupation (for Individual)
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 09 / 2026

Transaction ID : A0C608CE702FE42D0857

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palmer, Harry, , ,

Mailing Address 6419 Killoe Rd

City
Pea Ridge

State
AZ

Zip Code
72751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Farmers Protective Mutual Insurance Co

Occupation (for Individual)
Vice Chairman, Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 22 / 2026

Transaction ID : A2B82AACBB1984AE0A13

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pavlat, Bobby, Jo, ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : A2923A039ECB64ECEA04**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Preslaski, Barry, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : A196B83D77FD6414AA1B**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Payroll Deduction: \$84.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reeves, Jeff, , ,

Mailing Address PO Box 1070

City
GalaxState
VAZip Code
24333-1070FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grayson Carroll Wythe MutualOccupation (for Individual)
Acting CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2026**Transaction ID : A165D00EE1BBB4A6AADC**

Amount of Each Receipt this Period

375.00

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

489.00

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

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reid, Vernon, , ,

Mailing Address 200 N Main St

City
Bel Air

State
MD

Zip Code
21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance Company

Occupation (for Individual)
Board Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 14 / 2026

Transaction ID : A7A351A11861647ECAD2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rich, Sandra, , ,

Mailing Address 200 N Main St

City
Bel Air

State
MD

Zip Code
21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance Company

Occupation (for Individual)
Board Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 14 / 2026

Transaction ID : A1B5D0C426C33445291C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riddle, Mendi, , ,

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 (for Individual)
Ohio Mutual Insurance Group

Occupation (for Individual)
Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1016.00

Date of Receipt

07 / 28 / 2026

Transaction ID : A4C8AB5DBB3B0491D9C8

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riedemann, Mark, , ,

Mailing Address PO Box 168

City
HartleyState
IAZip Code
51346-0168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Century Mutual Insurance AssociationOccupation (for Individual)
President/Treasurer/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
07 / 09 / 2026**Transaction ID : AF5E1CC0BB131417C893**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rinehart, Julie, , ,

Mailing Address PO Box 618

City
ColumbiaState
MOZip Code
65205-0618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Vice President - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026**Transaction ID : A7B2344FD89154339903**

Amount of Each Receipt this Period

44.00

☐ Memo Item

Payroll Deduction: \$22.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rink, Jeffrey, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual InsuranceOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026**Transaction ID : AC97BE3566D0646B4852**

Amount of Each Receipt this Period

208.34

☐ Memo Item

Payroll Deduction: \$208.34/Bi-Weekly

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

752.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ristau, Christopher K, , ,

Mailing Address PO Box 385

City
DenverState
IAZip Code
50622-0385FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First Maxfield Mutual Insurance AssociOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2026

Transaction ID : A73F463D9178E431C850

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Dave, , ,

Mailing Address 703 W Poplar St

City
RogersState
ARZip Code
72756-4443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Farmers Protective Mutual Insurance CoOccupation (for Individual)
Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2026

Transaction ID : AF9259A3930AF4302B97

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roderick, Christina, L., ,

Mailing Address PO Box 111

City
BucyrusState
OHZip Code
44820-0111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Senior Underwriting Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : AEB4B06853B474712866

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

2610.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosenwinkel, Kate, , ,

Mailing Address PO Box 5626

City
RockfordState
ILZip Code
61125-0626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford Mutual Insurance CompanyOccupation (for Individual)
Commercial Underwriting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2026

Transaction ID : A2A4729EE6DAD467D936

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rowland, Rhonda, , ,

Mailing Address 1725 Hopley Ave

City
BucyrusState
OHZip Code
44820-3569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Personal Lines Underwriting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : A1014F4309F9E486A80F

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salati, Nathan, , ,

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Association of Mutual InsuranOccupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : AEFC28DE9F0C84B5BAD4

Amount of Each Receipt this Period

576.90

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

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

735.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 74
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sander, Benedikt, , ,

Mailing Address 1 Preferred Way

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

C

Name of Employer (for Individual)
Preferred Mutual Insurance CompanyOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1449.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : A2CD0EE7C05C04CE8A82

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Saxton, Michael, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AB7B561775F944FD8991

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schmader, Eric, P., ,

Mailing Address PO Box 59

City
MarbleState
PAZip Code
16334-0059FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Farmers Mutual Fire Ins Co of Marble,Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2026

Transaction ID : A020F2D8E1E7B42C0BAA

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

342.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schnettler, Sarah, , ,

Mailing Address PO Box 68700

City
IndianapolisState
INZip Code
46268-0700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Namic

Occupation (for Individual)

SVP - Member Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : A02EE32B7AB134625B95

Amount of Each Receipt this Period

576.90

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sears, Michele, , ,

Mailing Address 222 Ames St

City
DedhamState
MAZip Code
02026-1850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Norfolk & Dedham Mutual Fire Insurance

Occupation (for Individual)

General Counsel & Assistant Corporate

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
07 / 10 / 2026

Transaction ID : A05FD37F7EBB0441AB88

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simpson, James, , ,

Mailing Address 703 W Poplar St

City
RogersState
ARZip Code
72756-4443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Farmers Protective Mutual Insurance Co

Occupation (for Individual)

Chairman, Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2026

Transaction ID : A2B436C1422544CED864

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

646.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Abigail, , ,

Mailing Address 200 N Main St

City
Bel AirState
MDZip Code
21014-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance CompanyOccupation (for Individual)
Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : A85966BDE5F014CE8B07

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$250.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, John, K., ,

Mailing Address 2005 Market St

City
PhiladelphiaState
PAZip Code
19103-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PLM Insurance CompanyOccupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : A01F37D12DCC849A38D1

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$120.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Marcella, , ,

Mailing Address 1725 Hopley Ave

City
BucyrusState
OHZip Code
44820-3569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : ABBFFDE061A7F4723B63

Amount of Each Receipt this Period

66.00

☐ Memo Item

Payroll Deduction: \$22.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

436.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Snyder, Brian, , ,

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NamicOccupation (for Individual)
Senior Membership Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : AA0B9692CC5984D50A8E

Amount of Each Receipt this Period

115.41

☐ Memo Item

Payroll Deduction: \$38.47/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Snyder, Jennifer, , ,

Mailing Address 1725 Hopley Ave

City
BucyrusState
OHZip Code
44820-3569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Claims Litigation Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : A982E62F4FDD9438BA8C

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. St. Angel, Scott, , ,

Mailing Address 23 Royal Rd

City
FlemingtonState
NJZip Code
08822-6053FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Farmers Insurance Company of FlemingtonOccupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2026

Transaction ID : A1E09CFA7C5424FE9879

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

335.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Strohl, Christopher, S, ,

Mailing Address 210 S 4th St

City
PhiladelphiaState
PAZip Code
19106-3704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Philadelphia ContributionshipOccupation (for Individual)
Chief Underwriting 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
07 / 27 / 2026**Transaction ID : A6A4EBB7F63B341C3B7C**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, Amy, , ,

Mailing Address PO Box 111

City
BucyrusState
OHZip Code
44820-0111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Manager Application Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026**Transaction ID : A635548D9548B45FFAD8**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Payroll Deduction: \$28.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Suppes, Tim, , ,

Mailing Address 3873 Cleveland Rd

City
WoosterState
OHZip Code
44691-1221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne Mutual Insurance CompanyOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2026**Transaction ID : A65868966F47F4A2D944**

Amount of Each Receipt this Period

425.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1509.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Teynor, Melinda, , ,

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 (for Individual)
Ohio Mutual Insurance Company

Occupation (for Individual)
Commercial Lines Service Center Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 28 / 2026

Transaction ID : AAA5392E855D24894AFE

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thames, Geneau, M., ,

Mailing Address 200 N Main St

City
Bel Air

State
MD

Zip Code
21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harford Mutual Insurance Group

Occupation (for Individual)
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 07 / 2026

Transaction ID : A94A42036977145398EC

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction: \$83.34/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thelen, Karen, , ,

Mailing Address 2425 E Grand River Ave

City
Lansing

State
MI

Zip Code
48912-3291

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Millers Mutual Insurance Comp

Occupation (for Individual)
Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 14 / 2026

Transaction ID : A8329D37769D3490FA3C

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

178.34

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Traux, Eric, , ,

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 (for Individual)
Auto-Owners Insurance Company

Occupation (for Individual)
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2549.98

Date of Receipt

07 / 07 / 2026

Transaction ID : A96DA77120A3F43A0874

Amount of Each Receipt this Period

416.67

☐ Memo Item

Payroll Deduction: \$416.67/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Troyer, Tom, , ,

Mailing Address 1000 S Main St

City
Orrville

State
OH

Zip Code
44667-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mennonite Mutual Insurance Company

Occupation (for Individual)
Acting President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 11 / 2026

Transaction ID : A518120EB24024B05BF7

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tufts, Michael, , ,

Mailing Address 222 Ames St

City
Dedham

State
MA

Zip Code
02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norfolk & Dedham Mutual Fire Insurance

Occupation (for Individual)
Chief Human Resource & Administrative

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 10 / 2026

Transaction ID : A3641DA0CF13D4B8883A

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

488.33

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

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

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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vesic, Joe, , ,

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 (for Individual)

Namic

Occupation (for Individual)

Grassroots Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.72

Date of Receipt

07 / 31 / 2026

Transaction ID : A47A96C5FC0B1425782D

Amount of Each Receipt this Period

48.24

☐ Memo Item

Payroll Deduction: \$24.12/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wadsworth, Robert, A., ,

Mailing Address 1 Preferred Way

City
New Berlin

State
NY

Zip Code
13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Preferred Mutual Insurance Company

Occupation (for Individual)

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 30 / 2026

Transaction ID : A0D1A66A23E52436ABDE

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wallen, Andrew, , ,

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 (for Individual)

Ohio Mutual Insurance Company

Occupation (for Individual)

Assistant Vice President & Corporate C

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 28 / 2026

Transaction ID : A9662EAB8EC974FEB84B

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

2183.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 74
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walp, Kristie, M., ,

Mailing Address 1725 Hopley Ave

City
BucyrusState
OHZip Code
44820-3569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Mutual Insurance CompanyOccupation (for Individual)
Farm Lines Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2026

Transaction ID : A575A0539111D407E86D

Amount of Each Receipt this Period

13.00

☐ Memo Item

Payroll Deduction: \$13.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wharton, Lisa, , ,

Mailing Address 2102 Whitegate Dr

City
ColumbiaState
MOZip Code
65202-2335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Mutual Insurance CompanyOccupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : AB024B2A65F294DE6843

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whisnant, Jamie, , ,

Mailing Address PO Box 30660

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

C

Name of Employer (for Individual)
Auto-Owners Insurance CompanyOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2727.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : AEA2EAE30C409475B8AA

Amount of Each Receipt this Period

454.55

☐ Memo Item

Payroll Deduction: \$454.55/Bi-Weekly

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

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

507.55

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

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

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(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wicinsky, Garth, P., ,

Mailing Address 1500 Mutual Way

City
Neenah

State
WI

Zip Code
54956-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURA Insurance Company

Occupation (for Individual)
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

07 / 31 / 2026

Transaction ID : A2187E576D9AA408E99E

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Curtis, , ,

Mailing Address 1 Mutual Ave

City
Frankenmuth

State
MI

Zip Code
48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth Insurance Company

Occupation (for Individual)
Director - Technical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

07 / 03 / 2026

Transaction ID : A8FCB51C5DDCB401080F

Amount of Each Receipt this Period

39.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woodbury, William, , ,

Mailing Address 6101 Anacapi Blvd

City
Lansing

State
MI

Zip Code
48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auto-Owners Insurance Company

Occupation (for Individual)
First Vice President, Secretary & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1345.00

Date of Receipt

07 / 07 / 2026

Transaction ID : A87E8E0ADE35B4A04918

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$210.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

309.00

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

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

FOR LINE NUMBER: PAGE 59 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wright, Beth, , ,

Mailing Address 1 Mutual Ave

City
Frankenmuth

State
MI

Zip Code
48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Frankenmuth Insurance Company

Occupation (for Individual)
Chief Claims Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

07 / 31 / 2026

Transaction ID : A85DD2B9C4BDC40BEB8;

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yesbeck, Daniel, , ,

Mailing Address 527 Colman Center Dr

City
Rockford

State
IL

Zip Code
61108-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford Mutual Insurance Company

Occupation (for Individual)
Director of IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 23 / 2026

Transaction ID : A7525121BED81456EA04

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yuhos, Kelly, , ,

Mailing Address 2425 E Grand River Ave

City
Lansing

State
MI

Zip Code
48912-3291

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Millers Mutual Insurance Comp

Occupation (for Individual)
Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 14 / 2026

Transaction ID : A6B61098FEC54531BB2

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

217.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zyblewski-Selfe, Erin, , ,

Mailing Address 2005 Market St

City
Philadelphia

State
PA

Zip Code
19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual Insuran

Occupation (for Individual)
Vice President, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

07 / 09 / 2026

Transaction ID : A94B8CD451E1E42B1AA4

Amount of Each Receipt this Period

38.50

☐ Memo Item

Payroll Deduction: \$38.50/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

38.50

34541.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 74
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I. FEDERAL PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

City
MadisonState
WIZip Code
53783-0001FEC ID number of contributing
federal political committee.**C**

C00354290

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2026**Transaction ID : A2C59D119AF5A40A2915**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fbl Financial Group Inc PAC

Mailing Address 5400 University Ave

City

West Des Moines

State

IA

Zip Code

50266

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

C00317297

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2026**Transaction ID : A4BE3AE0965F8459AB0F**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

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

10000.00

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

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

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAMIC Administrative Fund

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3669.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2026

Transaction ID : AB4BF105C3A1D483EAA2

Amount of Each Receipt this Period

3569.40

☐ Memo Item

Reimbursement from Connected Organization for Bank
and Credit Card Fees

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3569.40

3569.40

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

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

FOR LINE NUMBER: PAGE 63 OF 74
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☐ 11a	☐ 11b	☐ 11c	☐ 12
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			☒ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. The National Bank of Indianapolis

Mailing Address 107 N Pennsylvania St

City
Indianapolis

State
IN

Zip Code
46204-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1662.76

Date of Receipt

07 / 31 / 2026

Transaction ID : A386E6B428A5D40B287A

Amount of Each Receipt this Period

341.41

☐ Memo Item

Monthly Bank Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

341.41

341.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Square

Mailing Address 1455 Market St

City
San FranciscoState
CAZip Code
94103-1331

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1					2	0	6

FEC Identification Number

C

Transaction ID : B3B93EC897

Amount of Each Disbursement this Period

13.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The National Bank of Indianapolis

Mailing Address 107 N Pennsylvania St

City
IndianapolisState
INZip Code
46204-2444

Purpose of Disbursement

Monthly Bank Fees

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1					2	0	6

FEC Identification Number

C

Transaction ID : B9CE140CCF

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

133.15

133.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Alabama First PAC

Mailing Address PO BOX 3723

City
MontgomeryState
ALZip Code
36109-0723

Purpose of Disbursement

Political Contribution

Candidate Name

Alabama First PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼ Other

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00821058**Transaction ID : B23843FEFA**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRITT FOR ALABAMA INC

Mailing Address PO BOX 3759

City
MontgomeryState
ALZip Code
36109-0759

Purpose of Disbursement

Political Contribution

Candidate Name

Britt, Katie, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2028

☐ Primary ☒ General
☐ Other (specify)

State: AL

District:

Date of Disbursement

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

FEC Identification Number

C C00781443**Transaction ID : B746A55ED2**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHC BOLD PAC

Mailing Address PO BOX 33079

City
WashingtonState
DCZip Code
20033-0079

Purpose of Disbursement

Political Contribution

Candidate Name

CHC BOLD PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼ Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	3		2	0	2	6		

FEC Identification Number

C C00365536**Transaction ID : B8486ABFD6**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVE MCCORMICK

Mailing Address PO BOX 23537

City
PittsburghState
PAZip Code
15222-6537

Purpose of Disbursement

Political Contribution

Candidate Name

McCormick, Dave, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2030

☒ Primary	☐ General
☐ Other (specify) ▼	

State: PA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3		2	0	2	6		

FEC Identification Number

C C00851980

Transaction ID : B25E7CBCF/

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE KENNEDY FOR UTAHMailing Address 55 N MERCHANT STREET
#1324City
American ForkState
UTZip Code
84003-7052

Purpose of Disbursement

Political Contribution

Candidate Name

Kennedy, Michael, S., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify)	

State: UT

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3		2	0	2	6		

FEC Identification Number

C C00864488

Transaction ID : B2B1D8C47D

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEBRASKA SANDHILLS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City
AlexandriaState
VAZip Code
22314-5404

Purpose of Disbursement

Political Contribution

Candidate Name

NEBRASKA SANDHILLS PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☐ General
☒ Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3		2	0	2	6		

FEC Identification Number

C C00540054

Transaction ID : B27AA9DE1

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. PENNSYLVANIA HONOR

Mailing Address PO BOX 23537

City
PittsburghState
PAZip Code
15222-6537

Purpose of Disbursement

Political Contribution

Candidate Name

PENNSYLVANIA HONOR

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☐	General
☒	Other (specify) ▼		Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	6	

FEC Identification Number

C C00851998

Transaction ID : B399C701EC

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SENATE EAGLE PAC

Mailing Address PO BOX 50430

City
NashvilleState
TNZip Code
37205-0430

Purpose of Disbursement

Political Contribution

Candidate Name

SENATE EAGLE PAC

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☐	General
☒	Other (specify)		Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	6	

FEC Identification Number

C C00719971

Transaction ID : B96867AA90

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TEAM HAGERTYMailing Address 4515 HARDING PIKE
SUITE 110City
NashvilleState
TNZip Code
37205-2193

Purpose of Disbursement

Political Contribution

Candidate Name

Hagerty, Bill, , ,

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		Other

State: TN

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	6	

FEC Identification Number

C C00718627

Transaction ID : B052DC3AE

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

12500.00

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. TOMORROW IS MEANINGFUL PAC - FEDERAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2026

Mailing Address 7620 RIVERS AVE
STE 370, #312City
North CharlestonState
SCZip Code
29406-5008

Purpose of Disbursement

Political Contribution

Candidate Name

TOMORROW IS MEANINGFUL PAC - FEDERAL

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼
Other

State:

District:

Category/
Type

FEC Identification Number

C C00827519**Transaction ID : B9FB94E9DE**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

40000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ballard for Nebraska

Mailing Address 6801 NW 2nd St

City
LincolnState
NEZip Code
68521-6610

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C**Transaction ID : BC3444C306!**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Hallstrom for Legislature

Mailing Address 591 S 32nd Rd

City
SyracuseState
NEZip Code
68446-7881

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C**Transaction ID : BD8C5CB334**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CCJL PACMailing Address 3700 Quebec Street
Unit 100-117City
DenverState
COZip Code
80207-1639

Purpose of Disbursement

Political Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Other

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : BA26DD28A!**

Amount of Each Disbursement this Period

725.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1725.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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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 Walter Hall

Mailing Address PO Box 1201

City
Saint AlbansState
WVZip Code
25177-1201

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BA5DD00974

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dennis Paul for Texas Senate

Mailing Address 626 1/2 Barringer Lane

City
WebsterState
TXZip Code
77598-2325

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B3CAA93593I

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Derrick Hall for Ohio

Mailing Address 844 Merriman Rd

City
AkronState
OHZip Code
44303-1748

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B42B69C93C

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2250.00

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Emily Duda Buckley Campaign

Mailing Address 2640 A Mitcham Drive

City
TallahasseeState
FLZip Code
32308-5400

Purpose of Disbursement

Contribution to State

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6	

FEC Identification Number

C

Transaction ID : B5923026112

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric 'Doc' Stelnicki Campaign

Mailing Address 100 Southeast 15th Avenue

City
Fort LauderdaleState
FLZip Code
33301-3985

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6	

FEC Identification Number

C

Transaction ID : BB04D2DA05

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends for Klimesh

Mailing Address PO Box 111

City
SpillvilleState
IAZip Code
52168-0111

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2028

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6	

FEC Identification Number

C

Transaction ID : BDAC22E33f

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Bill Reineke

Mailing Address P.O. Box 430

City
TiffinState
OHZip Code
44883-0430

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2028

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B3D54395183

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GEORGE LANG

Mailing Address 4679 WINTERSET DRIVE

City
ColumbusState
OHZip Code
43220-8113

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2028

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B7D5AFFCF1

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hawkins for Ohio

Mailing Address 6557 Buckner Street

City
Canal WinchesterState
OHZip Code
43110-9072

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8		2	0	6			

FEC Identification Number

C

Transaction ID : B82C30AFC4

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

3000.00

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Peeples Winkler Campaign

Mailing Address 5679 Old Ranch Road

City
SarasotaState
FLZip Code
34241-9602

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C**Transaction ID : BB373038D7I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kerri for Montana

Mailing Address 480 Pinon Dr.

City
BillingsState
MTZip Code
59105-2742

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C**Transaction ID : B066E1D59C**

Amount of Each Disbursement this Period

470.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. O'Donnell For Ohio

Mailing Address P.O. Box 20179

City
ColumbusState
OHZip Code
43220-0179

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C**Transaction ID : B479CF1AA5**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3470.00

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Sneed for House 2026

Mailing Address 395 BUDDY LANE

City
Fort GibsonState
OKZip Code
74434-7511

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : BE8795F37C

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Young for Iowa House

Mailing Address 8302 Westown Parkway #4107

City
West Des MoinesState
IAZip Code
50266-1612

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C

Transaction ID : BA528AAC48

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

750.00

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

13445.00