

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) 3601 Vincennes Road PO Box 68700 Indianapolis IN 46268 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00170258 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 01 / 31 / 2013

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

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date 02 / 19 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="15730.04"/>	<input type="text" value="15730.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15730.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23590.73"/>	<input type="text" value="23590.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="39320.77"/>	<input type="text" value="39320.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-4944.49"/>	<input type="text" value="-4944.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44265.26"/>	<input type="text" value="44265.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10168.92	10168.92
(ii) Unitemized	13272.27	13272.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23441.19	23441.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23441.19	23441.19
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).....	147.53	147.53
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.01	2.01
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))..... ▶	23590.73	23590.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23590.73	23590.73

DETAILED SUMMARY PAGE
of Disbursements

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	55.51	55.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55.51	55.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	-5000.00	-5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-4944.49	-4944.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-4944.49	-4944.49

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)	23441.19	23441.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23441.19	23441.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55.51	55.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	147.53	147.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-92.02	-92.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. David L. Anderson CPCU, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 276
 City Canton State SD Zip Code 57013-0276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farm Mutual Insurance Company of Linco Occupation Manager
 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
 01 / 08 / 2013
Transaction ID : AA20F290C58104E9DAEA
 Amount of Each Receipt this Period
 1000.00

B. Mr. Gordon P. Assad
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9062
 City Williamsville State NY Zip Code 14231-9062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Erie & Niagara Insurance Association Occupation President & CEO
 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
 01 / 22 / 2013
Transaction ID : AB4D280AA5B8D49B8BFA
 Amount of Each Receipt this Period
 250.00

C. Mr. Joseph J. Babiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 E Woodlawn Ave
 City Hastings State MI Zip Code 49058-1091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hastings Mutual Insurance Company Occupation CEO
 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
 01 / 31 / 2013
Transaction ID : AFFEC4E6B007540F482A
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : A4A7A802C12E645C2B71
 Amount of Each Receipt this Period
 115.39

B. Mr. Peter J. Cammarata CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 419
 City Irvington State VA Zip Code 22480-0419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Neck Insurance Company Occupation President, COO, CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : A7D3F488376924EE39B0
 Amount of Each Receipt this Period
 250.00

C. Mr. Tod J. Carmony CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 3873 Cleveland Rd
 City Wooster State OH Zip Code 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Mutual Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : A9DAA362AA8104219AEC
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.39
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Charles M. Chamness		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.		Transaction ID : AC4ECDDC3DDB44A1389
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="90.00"/>
Name of Employer	Occupation	
National Association of Mutual Insuran	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Darwin G. Copeman CPCU		Date of Receipt
Mailing Address PO Box 468		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Neenah	WI	54957-0468
FEC ID number of contributing federal political committee.		Transaction ID : A1708B50DD6E64352BFC
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Jewelers Mutual Insurance Company	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="354.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Daniel Dierks		Date of Receipt
Mailing Address PO Box 59		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Traer	IA	50675-0059
FEC ID number of contributing federal political committee.		Transaction ID : AC9A89BDAD025484F812
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Farmers Mutual Insurance Association	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="790.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.48

Date of Receipt 01 / 28 / 2013
Transaction ID : A3A67E7EF4C56431CADD
 Amount of Each Receipt this Period 96.16

B. Mr. Stephen F. Fabian
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Assistant Vice President - Information
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.22

Date of Receipt 01 / 08 / 2013
Transaction ID : ADA40267EAE5D4CC4B80
 Amount of Each Receipt this Period 111.11

C. Mr. Peter C. Hellie PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Vice President, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2013
Transaction ID : A6ECC8E3D9BE64EDCB96
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 457.27
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Joe E. Hoff CPCU

Mailing Address PO Box 48

City State Zip Code
Cottonwood MN 56229-0048

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

Name of Employer Occupation
North Star Mutual Insurance Company Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2013
Transaction ID : A37D70028CDFB42B6B2E

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Ann Jahn

Mailing Address PO Box 5

City State Zip Code
Reynolds IL 61279-0005

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

Name of Employer Occupation
Hamlet Mutual Insurance Company Secretary

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
01 / 24 / 2013
Transaction ID : A52DFA802F30E40AF8EC

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Gregory D. Johnson

Mailing Address PO Box 48

City State Zip Code
Cottonwood MN 56229-0048

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

Name of Employer Occupation
North Star Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2013
Transaction ID : A4C0958127E154FBB99C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Mr. Charles M. Jones CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Lincoln Statue Dr
 City Dixon State IL Zip Code 61021-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLN Mutual Insurance Company Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2013
Transaction ID : AA4156927DE3745C2A33
 Amount of Each Receipt this Period 250.00

B. Mr. Jeffrey L. Mauland CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation President/CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2013
Transaction ID : A943F7555D1D64075A33
 Amount of Each Receipt this Period 250.00

C. Mr. David Moss
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 S Main St
 City Palmyra State MO Zip Code 63461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Company of Ma Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2013
Transaction ID : A55CC7BB35BEF4669A65
 Amount of Each Receipt this Period 500.00

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

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

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

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

A. Mr. Mikel B. Nelson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 250

City Upsala	State MN	Zip Code 56384-0250
----------------	-------------	------------------------

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

Name of Employer Elmdale Farmers Mutual Insurance, Inc.	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2013

Transaction ID : A0254B5190A524685A8E

Amount of Each Receipt this Period
1000.00

B. Mr. Eric Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
------------------	-------------	------------------------

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

Name of Employer Mutual of Enumclaw Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	02	/	2013

Transaction ID : AFEDB3CF9A93E4CF2A77

Amount of Each Receipt this Period
250.00

C. Mr. Vincent G. Noggle
Full Name (Last, First, Middle Initial)
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 Franklin Mutual Insurance Company	Occupation Treasurer
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	08	/	2013

Transaction ID : A6DCC00857525436DAFE

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. Robert F. Ohler		Date of Receipt MM / DD / YYYY 01 / 08 / 2013 Transaction ID : AA5856991E50F40C8911
Mailing Address 200 N Main St		Amount of Each Receipt this Period 111.11
City Bel Air	State MD	Zip Code 21014-3544
FEC ID number of contributing federal political committee. C		
Name of Employer Harford Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.22	

Full Name (Last, First, Middle Initial) B. Mr. William A. Poppen		Date of Receipt MM / DD / YYYY 01 / 22 / 2013 Transaction ID : A2A79952C851E4184918
Mailing Address PO Box 9		Amount of Each Receipt this Period 1000.00
City De Smet	State SD	Zip Code 57231-0009
FEC ID number of contributing federal political committee. C		
Name of Employer De Smet Farm Mutual Insurance Company	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) c. Mr. L. Gerald Roach CPCU, FLMI		Date of Receipt MM / DD / YYYY 01 / 02 / 2013 Transaction ID : A6C05081BAFF5461ABEC
Mailing Address PO Box 6927		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1361.11
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Verlin Scheer AIT
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Senior Vice President-IS
 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
 01 / 19 / 2013
Transaction ID : A1A74C83B315F4EE1A61
 Amount of Each Receipt this Period
 250.00

B. Mr. Donald A. Smith Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N 3rd St
 City Phoenix State AZ Zip Code 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCF Arizona Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : AFE6B83E53D00041F4878
 Amount of Each Receipt this Period
 105.00

C. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Commerce Sq
 City Philadelphia State PA Zip Code 19103-7042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2013
Transaction ID : A507BCA3692514FF4A1B
 Amount of Each Receipt this Period
 240.00

SUBTOTAL of Receipts This Page (optional).....▶	595.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Michael Snodgrass
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2013
Transaction ID : A8CD78197173244F49C4
 Amount of Each Receipt this Period
 250.00

B. Mr. James Streff FCAS, MAAA
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 W 3rd St Ste 450
 City Red Wing State MN Zip Code 55066-2377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Streff Insurance Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2013
Transaction ID : A541EAB074AB24CB0BE3
 Amount of Each Receipt this Period
 250.00

C. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : A4F80AAEAE83C4182B94
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	596.15
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. Mick Ware		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2013 Transaction ID : A2CBCD2FD10FC4B8E9B1
Mailing Address PO Box 5555		Amount of Each Receipt this Period 500.00
City Meridian	State ID	Zip Code 83680-5555
FEC ID number of contributing federal political committee. C		
Name of Employer United Heritage Property & Casualty In	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey S. Wrobel SR, CPCU,		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 02 / 2013 Transaction ID : A2F41AAB1EFBE4C35979
Mailing Address PO Box 6927		Amount of Each Receipt this Period 42.00
City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation EVP, IT & Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

Full Name (Last, First, Middle Initial) c. Mr. Jeffrey S. Wrobel SR, CPCU,		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 02 / 2013 Transaction ID : A8E588C8ED3204E4D92C
Mailing Address PO Box 6927		Amount of Each Receipt this Period 212.00
City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation EVP, IT & Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

SUBTOTAL of Receipts This Page (optional).....▶	754.00
TOTAL This Period (last page this line number only).....▶	10168.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2013

Transaction ID : BA3EC9E8868744A6A939

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2013

Transaction ID : B594A3A117C694407B61

Amount of Each Disbursement this Period

2.50

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2013

Transaction ID : B288A587B90B543DE8EA

Amount of Each Disbursement this Period

45.06

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

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

55.51

55.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Chip Rogers

Mailing Address Post Office Box 813

City Woodstock State GA Zip Code 30188-0813

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : BE40499FAEAF94C88AE0

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. Friends of Katie Erye

Mailing Address PO Box 3027

City Hillsboro State OR Zip Code 97123-1935

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2013

Transaction ID : B19245051FDB14C26BC8

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

C. John Davis for Oregon

Mailing Address 10857 Southwest Glenbrook Court

City Wilsonville State OR Zip Code 97070-6592

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2013

Transaction ID : B46C010CA33374DFF94A

Amount of Each Disbursement this Period

-1500.00

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

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

-3500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Matt Wand for East County

Mailing Address 900 Court Street Northeast, H-378

City Salem State OR Zip Code 97301-4042

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2013

Transaction ID : **BF28F62F2E364496E99F**

Amount of Each Disbursement this Period

-1500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-1500.00

-5000.00
