

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) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2017 through 08 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dykstra, Gregg, A., Mr., Type or Print Name of Treasurer

Signature of Treasurer Dykstra, Gregg, A., Mr., [Electronically Filed] Date 09 / 19 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="40068.36"/>	<input type="text" value="40068.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76978.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38598.01"/>	<input type="text" value="389134.51"/>
(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="115576.50"/>	<input type="text" value="429202.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="70507.61"/>	<input type="text" value="384133.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45068.89"/>	<input type="text" value="45068.89"/>
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).....	28736.75	267143.34
(ii) Unitemized	5141.64	85292.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33878.39	352435.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	34500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	38378.39	386935.46
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).....	216.76	2076.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.86	122.46
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)).....▶	38598.01	389134.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38598.01	389134.51

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	407.61	2283.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	407.61	2283.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	383000.00
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	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 (Including Non-Federal Donations).....	4100.00	- 1150.00
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)) ..	70507.61	384133.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70507.61	384133.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	38378.39	386935.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38378.39	386935.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	407.61	2283.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	216.76	2076.59
38. Net Operating Expenditures (subtract Line 37 from Line 36)	190.85	207.39

**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 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Abbott, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (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
08	/	14	/	2017

Transaction ID : A8DD08FD9C676430AA12

Amount of Each Receipt this Period
1000.00

Memo Item

B. Albert, Todd, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Chief Information Officer
--	--

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
08	/	08	/	2017

Transaction ID : A6B6B767971C6420A8FD

Amount of Each Receipt this Period
40.00

Memo Item

C. Albert, Todd, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Chief Information Officer
--	--

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
08	/	22	/	2017

Transaction ID : AA1D73FE234BC41B0AC7

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1080.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 85
<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. Alexander, Michael, Jim, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2502

City Fargo	State ND	Zip Code 58108-2502
---------------	-------------	------------------------

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

Name of Employer (for Individual) Nodak Insurance Company	Occupation (for Individual) Executive Vice President & CEO
--	---

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
08		04		2017

Transaction ID : AB35A7EB806CD4C68BF0

Amount of Each Receipt this Period
100.00

Memo Item

B. Alighieri, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Treasurer
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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
08		07		2017

Transaction ID : A20F56C70DA8E47E6BD1

Amount of Each Receipt this Period
20.00

Memo Item

C. Alighieri, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Treasurer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : ADB5CEC3C58234010BD8

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 85
<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. Alldredge, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President, Corporate Affai
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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
08		04		2017

Transaction ID : A78739FEC46C140DE9D7

Amount of Each Receipt this Period
40.00

Memo Item

B. Alldredge, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President, Corporate Affai
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : AB372D676FBF840D3A54

Amount of Each Receipt this Period
40.00

Memo Item

C. Alleman, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Network Admin
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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
08		07		2017

Transaction ID : A100E3D7673E349FA8B5

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 9 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Alleman, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Director, Network Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 08 / 23 / 2017
Transaction ID : A85CA7C1A9C3C4BAAAF.
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Ashton, Laura Grace, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 National Association of Mutual Insuran PAC Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 08 / 04 / 2017
Transaction ID : A5E0939C00B7742B7BEB.
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Ashton, Laura Grace, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 National Association of Mutual Insuran PAC Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 18 / 2017
Transaction ID : AE8C9D5290539444B8A6
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 85
	<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. Belcher, Chris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
537.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

Transaction ID : ABAC0972E15784620B69

Amount of Each Receipt this Period
70.87

Memo Item

B. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chairman & CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1856.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

Transaction ID : A169EF15AA4E44283AE4

Amount of Each Receipt this Period
116.00

Memo Item

C. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chairman & CEO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1972.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

Transaction ID : A8FB81C5014B3484CB30

Amount of Each Receipt this Period
116.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	302.87
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 85
<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. Brewer, Lynn, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 500 US Highway 77A S

City Yoakum	State TX	Zip Code 77995-1318
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hochheim Prairie Farm Mutual Insurance	Occupation (for Individual) Vice President
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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
08	/	29	/	2017

Transaction ID : A27F1E5AEB4A848BFA77

Amount of Each Receipt this Period
250.00

Memo Item

B. Butler, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nevada General Insurance Company	Occupation (for Individual) Executive Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2017

Transaction ID : A621B77221FBD4404906

Amount of Each Receipt this Period
10.00

Memo Item

C. Butler, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nevada General Insurance Company	Occupation (for Individual) Executive Vice President
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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
08	/	21	/	2017

Transaction ID : A23EFD84030124F8285B

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<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. Cameron, Alice, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President Personal Lines Underwri
---	---

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
08		29		2017

Transaction ID : A2CCFFA60327144B9B0A

Amount of Each Receipt this Period
125.00

Memo Item

B. Campbell, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Casualty Operations Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : ACF69740E966E451BAF7

Amount of Each Receipt this Period
20.00

Memo Item

C. Carlson, Jared, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 N Wooster St

City Algona	State IA	Zip Code 50511-2825
----------------	-------------	------------------------

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

Name of Employer (for Individual) Heartland Mutual Insurance Association	Occupation (for Individual) Executive Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

Transaction ID : A9C93B1F08DA94861BE3

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 85
	<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. Carlson, Melinda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 14 / 2017
Transaction ID : AE874E3AEE6C142D78B1
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Caro, Ginny, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Vice President of Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 08 / 07 / 2017
Transaction ID : ABD8D2979C6FA4149AF3
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Caro, Ginny, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Vice President of Claims Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.45

Date of Receipt 08 / 18 / 2017
Transaction ID : AEC164B2F2DF840A4982
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.66
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 85
	<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. Carpenter, Randall, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1070

City Galax	State VA	Zip Code 24333-1070
---------------	-------------	------------------------

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

Name of Employer (for Individual) Grayson Carroll Wythe Mutual Insurance	Occupation (for Individual) Vice President
---	---

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
08		14		2017

Transaction ID : A5505B269007E41C88B9

Amount of Each Receipt this Period
250.00

Memo Item

B. Cavanagh, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Director of Claim Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

Transaction ID : AA1453DF93B9A4CB1A39

Amount of Each Receipt this Period
10.00

Memo Item

C. Cavanagh, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Director of Claim Operations
---	---

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
08		21		2017

Transaction ID : A231A8F0CB067480C8C2

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<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. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2574.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2017

Transaction ID : A044342966FE34252A88

Amount of Each Receipt this Period
252.00

Memo Item

B. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2826.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2017

Transaction ID : AC3111734387E490AB0F

Amount of Each Receipt this Period
252.00

Memo Item

C. Clark, Patrick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Richmond Hill Dr

City Sparta	State NJ	Zip Code 07871-4003
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hartford Steam Boiler Inspection and I	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2017

Transaction ID : ADF0203B0822F495894E

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	588.00
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 16 OF 85
<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. Coe, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2017

Transaction ID : A06E4AF0A0F6B45FAB4E

Amount of Each Receipt this Period
39.00

Memo Item

B. Coe, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2017

Transaction ID : A479C2DE49DF94FE5B78

Amount of Each Receipt this Period
39.00

Memo Item

C. Craine, William, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) 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
08	/	14	/	2017

Transaction ID : A1D60BA10E64B4751B85

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1078.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 85
	<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. DeArment, Dan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 E Pitt St

City Bedford	State PA	Zip Code 15522-1444
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Friends Cove Mutual Insurance Company	Occupation (for Individual) President/CEO
--	--

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
08		21		2017

Transaction ID : A6824DF32721A4D75AA7

Amount of Each Receipt this Period
350.00

Memo Item

B. DeGironimo, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Auto Physical Damage Claims Manage
---	---

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
08		14		2017

Transaction ID : AAE6E3C2D4A024CFBFC0

Amount of Each Receipt this Period
500.00

Memo Item

C. DeLucia, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President, Claims Operations
--	--

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
08		22		2017

Transaction ID : AC7C297E8FA0D42D0AD8

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	890.00
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 18 OF 85
<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. Detlefsen, Robert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Vice President - Research
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
695.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2017

Transaction ID : A82FB565BA0AF4F2ABEE

Amount of Each Receipt this Period
43.48

Memo Item

B. Detlefsen, Robert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Vice President - Research
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
739.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2017

Transaction ID : AB6D85B921D514F38BE5

Amount of Each Receipt this Period
43.48

Memo Item

C. Dochnahl, Bernie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Board of Trustees
---	--

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
 08 / 14 / 2017

Transaction ID : A248EF31241CB4CED8D1

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2586.96
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 19 OF 85
	<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"/>	<input type="checkbox"/> 17

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

A. Dockendorf, Rich, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5350 W 78th St

City Edina	State MN	Zip Code 55439-3101
---------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Commerical Lines Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

Transaction ID : A87783D2BC1D54A1692E

Amount of Each Receipt this Period
10.00

Memo Item

B. Dockendorf, Rich, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5350 W 78th St

City Edina	State MN	Zip Code 55439-3101
---------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Commerical Lines 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
08		21		2017

Transaction ID : A4BABAF15594C4BBD897

Amount of Each Receipt this Period
10.00

Memo Item

C. Dykstra, Gregg, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) National Association of Mutual Insuran	Occupation (for Individual) Chief Operating Officer / General Coun
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1538.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : AA26979587E7348E8865

Amount of Each Receipt this Period
96.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	116.16
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 20 OF 85
	<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. Dykstra, Gregg, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) National Association of Mutual Insuran	Occupation (for Individual) Chief Operating Officer / General Coun
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : AEBF4A6D05D174D2AAB3

Amount of Each Receipt this Period
96.16

Memo Item

B. Edmond, Fred, A., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1232.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

Transaction ID : ABEDB213A498340968D0

Amount of Each Receipt this Period
77.00

Memo Item

C. Edmond, Fred, A., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

Transaction ID : AAED2C41644F245A9A5F

Amount of Each Receipt this Period
77.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
	<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. Emerson, David, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 N Canal St

City Oxford	State NY	Zip Code 13830-4231
----------------	-------------	------------------------

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Director
---	---

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
08		14		2017

Transaction ID : AFC84690DBD544195B51

Amount of Each Receipt this Period
1000.00

Memo Item

B. Escue, Keith, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

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

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
08		22		2017

Transaction ID : AA2E887C35B664CFB86F

Amount of Each Receipt this Period
50.00

Memo Item

C. Escue, Keith, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

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

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
08		22		2017

Transaction ID : AA6C1CC31F38040F1BD7

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 22 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Faron, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Commercial Lines Business Unit Leader
---	--

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
08		07		2017

Transaction ID : ACD108D1A46E240E8A7E

Amount of Each Receipt this Period
40.00

Memo Item

B. Faron, Michael, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Commercial Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : A9A0CFF75DA94410FA25

Amount of Each Receipt this Period
40.00

Memo Item

C. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915-1429
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Vice President, General Counsel and As
---	---

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
08		11		2017

Transaction ID : A8E633AEFC54F4C51996

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 23 OF 85
<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. Ferris, Daniel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915-1429
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) Vice President, General Counsel and A:
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : A2EA6D15C07994F19B8B

Amount of Each Receipt this Period
25.00

Memo Item

B. Fortner, Brad, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Chief Operations Officer/Secretary
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2017

Transaction ID : A9251C666BE3C4C2585C

Amount of Each Receipt this Period
100.00

Memo Item

C. Fortner, Brad, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 W Poplar St

City Rogers	State AR	Zip Code 72756-4443
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Chief Operations Officer/Secretary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2017

Transaction ID : A790E5A8D9544490C9FF

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Frank, Ann, M., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville State IL Zip Code 62025-2095

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

Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) Corporate Vice President & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 08 / 01 / 2017
Transaction ID : A7CE9764737CE48A6ADD

Amount of Each Receipt this Period 41.68

Memo Item

B. Frank, Ann, M., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville State IL Zip Code 62025-2095

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

Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) Corporate Vice President & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.76

Date of Receipt 08 / 31 / 2017
Transaction ID : A31ECC05B09104E7A8E0

Amount of Each Receipt this Period 41.68

Memo Item

C. Gilleland, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company Occupation (for Individual) Senior Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 11 / 2017
Transaction ID : AA3935E09C74E496C8E3

Amount of Each Receipt this Period 38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 121.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<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. Gilleland, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.99

Date of Receipt
MM / DD / YYYY
08 / 25 / 2017

Transaction ID : A16DF97CD44DD4B6B86A

Amount of Each Receipt this Period
38.47

Memo Item

B. Goodin, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Assistant Vice President Underwriting
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt
MM / DD / YYYY
08 / 29 / 2017

Transaction ID : A99AFF18D244844D199A

Amount of Each Receipt this Period
41.66

Memo Item

C. Graham, Michele, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Manager, Project Management Office
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2017

Transaction ID : A6EFC8E5604C443F0ACD

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<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

A. Grande, Jimi, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Government Affa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1818.24

Date of Receipt 08 / 04 / 2017
Transaction ID : A0CF12B2B869D4F3D915
 Amount of Each Receipt this Period 113.64
 Memo Item

B. Grande, Jimi, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Government Affa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1931.88

Date of Receipt 08 / 18 / 2017
Transaction ID : A4B2D0BCC6F5B4D289A8
 Amount of Each Receipt this Period 113.64
 Memo Item

C. Gregor, William, J., Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 E Woodlawn Ave
 City Hastings State MI Zip Code 49058-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hastings Mutual Insurance Company Occupation (for Individual) Vice President of Insurance Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2017
Transaction ID : A51A80A3259E14C56974
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 477.28
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 27 OF 85
	<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. Grove, Aaron, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 186

City Underwood	State MN	Zip Code 56586-0186
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sverdrup Mutual Insurance Company	Occupation (for Individual) 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
08		14		2017

Transaction ID : AD5DBA07A075645B686C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Grove, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President, Product Management
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : A32308CF33DF84C5BBF8

Amount of Each Receipt this Period
20.00

Memo Item

C. Grove, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President, Product Management
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : AB8E2C15722F7434C882

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 85
	<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. Guinn, Clarence, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 489

City Rogers	State AR	Zip Code 72757-0489
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Assistant Secretary/Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

Transaction ID : AA9C0BB483C514DB68F2

Amount of Each Receipt this Period
300.00

Memo Item

B. Gusenius, William, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

Transaction ID : A8686B85E1DE440D8AED

Amount of Each Receipt this Period
50.00

Memo Item

C. Haines, R. Douglas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 E Wright St

City Covington	State OH	Zip Code 45318-1613
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Marias Technology	Occupation (for Individual) Chairman
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : A082B13A78CBC4B299F9

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 29 OF 85
	<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

A. Hall, Megan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President Product Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

Transaction ID : AA6D8A438BF1448D4BB5

Amount of Each Receipt this Period
100.00

Memo Item

B. Harris, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Information Security Administrator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2017

Transaction ID : A07EE9E51F24E4A5AA09

Amount of Each Receipt this Period
30.00

Memo Item

C. Haswell, Joseph, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Assistant Division Manager, Casualty 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
08	/	07	/	2017

Transaction ID : AED3122952E924F36AB1

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<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"/>	<input type="checkbox"/> 17

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

A. Haswell, Joseph, B., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Assistant Division Manager, Casualty C
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : A47E755922BEA4948B6C

Amount of Each Receipt this Period
20.00

Memo Item

B. Hawkins, Rich, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Vice President, Marketing
---	--

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
08		29		2017

Transaction ID : A0DD97CAE69BB44A3A21

Amount of Each Receipt this Period
125.00

Memo Item

C. Heaney, Eugene, T., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President of Claims
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : A02B0A7AD0CA748F89EF

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
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 31 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Hegarty, F. Timothy, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Chairman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2017

Transaction ID : A42E18B5D5738418BB74

Amount of Each Receipt this Period
38.46

Memo Item

B. Hegarty, F. Timothy, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Chairman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2017

Transaction ID : A8F8937AF135C47FD8A8

Amount of Each Receipt this Period
38.46

Memo Item

C. Hooper, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) 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
08	/	08	/	2017

Transaction ID : ADE2E56C99AB6459DB2B

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1076.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Huff, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 08 / 04 / 2017
Transaction ID : A0265BDC5374F4965B42
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Huff, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 18 / 2017
Transaction ID : A39E40302734C47A98E6
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Hyland, Patrick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5350 W 78th St
 City Edina State MN Zip Code 55439-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 08 / 07 / 2017
Transaction ID : AB5B3BC5F7BCE47118AD
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 85
	<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. Hyland, Patrick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5350 W 78th St

City Edina	State MN	Zip Code 55439-3101
---------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Product 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
08	/	21	/	2017

Transaction ID : A404A01A3AD1341FEA42

Amount of Each Receipt this Period
10.00

Memo Item

B. Hyle, Timothy, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President, Finance & Risk Manag
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
483.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : AFBA9F26C69A3427088C

Amount of Each Receipt this Period
57.00

Memo Item

C. Imus, Catherine, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) National Association of Mutual Insuran	Occupation (for Individual) Vice President of Public Affairs
---	---

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
08	/	04	/	2017

Transaction ID : A8FB7853590354E8598E

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.00
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 34 OF 85
	<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. Imus, Catherine, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) National Association of Mutual Insuran	Occupation (for Individual) Vice President of Public Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : AD4B3E28D62E64F779EA

Amount of Each Receipt this Period
20.00

Memo Item

B. Jakubick, Theresa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Project Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : AA623762CE3DC4EF9AAA

Amount of Each Receipt this Period
20.00

Memo Item

C. Jakubick, Theresa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Project Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : A21638B7205B04379A7A

Amount of Each Receipt this Period
20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 85
	<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. Johnson, Gary, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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, Business Ins
--	---

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
08		08		2017

Transaction ID : A02D93F5E82B74347B3E

Amount of Each Receipt this Period
20.00

Memo Item

B. Johnson, Gary, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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, Business Ins
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : A102B77FB155A44F3B4A

Amount of Each Receipt this Period
20.00

Memo Item

C. Karol, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington	State DC	Zip Code 20001-6703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Federal Affairs Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
727.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : AF94B804824FA4221AF6

Amount of Each Receipt this Period
45.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 85
	<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. Karol, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington State DC Zip Code 20001-6703

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

Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **772.82**

Date of Receipt **08 / 18 / 2017**

Transaction ID : AFE7EAD941B4F4778A47

Amount of Each Receipt this Period **45.46**

Memo Item

B. Kaufman, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 471 E Broad St

City Columbus State OH Zip Code 43215-3842

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

Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) CEO & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **08 / 10 / 2017**

Transaction ID : A3CEAA60D8FE344E69AC

Amount of Each Receipt this Period **2500.00**

Memo Item

C. Keeney, Pamela, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Insurance Company, Inc. Occupation (for Individual) Vice President - Underwriting & Insura

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 04 / 2017**

Transaction ID : A08ED94E67BF7405EB93

Amount of Each Receipt this Period **15.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2560.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
	<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. Keeney, Pamela, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Insurance Company, Inc.	Occupation (for Individual) Vice President - Underwriting & Insura
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2017

Transaction ID : A9782A1D965AB43AE935

Amount of Each Receipt this Period
15.00

Memo Item

B. Kellner, Frank, P., Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President, Claims & Corporate Se
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

Transaction ID : A17B322AF48D14E4AA95

Amount of Each Receipt this Period
41.66

Memo Item

C. Kelly, Jami, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President
---	---

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
08	/	11	/	2017

Transaction ID : A13830A32D2D643EFA3B

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 85
	<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. Kelly, Jami, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : A5C85A3CF3500483CA5E

Amount of Each Receipt this Period
39.00

Memo Item

B. Kendall, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Assistant Chief Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2017

Transaction ID : ACC2A2506F1ED423DBA6

Amount of Each Receipt this Period
20.83

Memo Item

C. Kendall, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Assistant Chief Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
312.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2017

Transaction ID : A22B70EDA2D32476E9A3

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.66
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 39 OF 85
	<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. Knudsen, Andrew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President, Claims
---	---

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
08		11		2017

Transaction ID : A2C2D598F5F7E4CEDA4C

Amount of Each Receipt this Period
39.00

Memo Item

B. Knudsen, Andrew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President, Claims
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

Transaction ID : A10862D062B31441FA4F

Amount of Each Receipt this Period
39.00

Memo Item

C. Lear, Justin, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 396

City Ellinwood	State KS	Zip Code 67526-0396
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Company	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : AA5908106358A4046A01

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.00
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 40 OF 85
	<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. Leitzel, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 577

City Huntingdon	State PA	Zip Code 16652-0577
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual Benefit Insurance Company	Occupation (for Individual) Assistant Vice President, Claims
---	---

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
08		08		2017

Transaction ID : A6B9CB0C0C43A4C7490F

Amount of Each Receipt this Period
250.00

Memo Item

B. Lickley, Carl, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 E Woodlawn Ave

City Hastings	State MI	Zip Code 49058-1005
------------------	-------------	------------------------

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

Name of Employer (for Individual) Hastings Mutual Insurance Company	Occupation (for Individual) Vice President, Marketing
--	--

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
08		29		2017

Transaction ID : AD7903443AE114615A4A

Amount of Each Receipt this Period
400.00

Memo Item

C. Liddle, Joe, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1070

City Galax	State VA	Zip Code 24333-1070
---------------	-------------	------------------------

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

Name of Employer (for Individual) Grayson Carroll Wythe Mutual Insurance	Occupation (for Individual) Secretary/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
08		08		2017

Transaction ID : AF757C62B8D5442ABAEF

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 41 OF 85
	<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. Linkous, Steven, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1883.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : A523AE975515645ADA79

Amount of Each Receipt this Period
209.32

Memo Item

B. Lopata, Brian, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Senior Vice President, Profit Center O
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : AC4F732A8621344CEAFD

Amount of Each Receipt this Period
80.00

Memo Item

C. Lopata, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Manager - Commercial Lines E-Busines
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : AB0F73D79994C408C8A3

Amount of Each Receipt this Period
76.94

Memo Item

SUBTOTAL of Receipts This Page (optional).....	366.26
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 42 OF 85
	<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. Lucke, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 834
 City Atwater State CA Zip Code 95301-0834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merced Property & Casualty Company Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 21 / 2017
Transaction ID : A38245A4EDE8D4AA696E
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Mackenzie, Laurinda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2017
Transaction ID : A5638D78E7B5F483B859
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mall, Gregory, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 819
 City Appleton State WI Zip Code 54912-0819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SECURA Insurance, A Mutual Company Occupation (for Individual) IT Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 11 / 2017
Transaction ID : A9ED902CC9A79407CA57
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 85
<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. Mall, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 819

City Appleton	State WI	Zip Code 54912-0819
------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) IT Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : A75F84B868B8C44D9B85

Amount of Each Receipt this Period
20.00

Memo Item

B. Martin, Ronald, R., Mr., II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President - Personal Lines
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : A27921F73BBE340C3AA9

Amount of Each Receipt this Period
23.20

Memo Item

C. Mashinski, Karen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) CFO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

Transaction ID : A4D76680DC9374EAFBBF

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.54
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 44 OF 85
	<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. Matteson, Stacey, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 C St
300

City Anchorage State AK Zip Code 99503-3913

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

Name of Employer (for Individual) Umialik Insurance Company Occupation (for Individual) Director of Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2017

Transaction ID : A80AA9C381DB94DBDA73

Amount of Each Receipt this Period
25.00

Memo Item

B. Matteson, Stacey, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 C St
300

City Anchorage State AK Zip Code 99503-3913

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

Name of Employer (for Individual) Umialik Insurance Company Occupation (for Individual) Director of Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2017

Transaction ID : AE4281678443A45FA905

Amount of Each Receipt this Period
25.00

Memo Item

C. McAllister, Lori, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2017

Transaction ID : A56172E6A7CBA430C9B0

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 85
	<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. McCain, Phillip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

Transaction ID : AE015235133884002861

Amount of Each Receipt this Period
38.46

Memo Item

B. McCain, Phillip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President, IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

Transaction ID : A527EC8364C6A47028F8

Amount of Each Receipt this Period
38.46

Memo Item

C. McLeod, Brian, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
616.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

Transaction ID : A276DC7068D0A493D8EA

Amount of Each Receipt this Period
38.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
<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. McLeod, Brian, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
655.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : AE7153310B4B84C648F7

Amount of Each Receipt this Period

38.54

 Memo Item

B. Meadows, Arthur, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3727 Waynesburg Pike Rd

City Moundsville	State WV	Zip Code 26041-1976
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Pan Handle Farmers Mutual Insurance Co	Occupation (for Individual) President/CEO
---	--

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
08	/	29	/	2017

Transaction ID : AA98B8575E52D4E018E2

Amount of Each Receipt this Period

400.00

 Memo Item

C. Middleton, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President - Finance
---	---

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
08	/	04	/	2017

Transaction ID : A0554D97814574CC192E

Amount of Each Receipt this Period

40.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	478.54
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 47 OF 85
	<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. Middleton, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President - Finance
---	---

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
08		18		2017

Transaction ID : ABC077279D084409C9F0

Amount of Each Receipt this Period
40.00

Memo Item

B. Muller, Carolyn, B., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Senior Vice President - Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : AA3775C1A262B4FBEBE1

Amount of Each Receipt this Period
85.00

Memo Item

C. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) President & CEO
---	--

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
08		07		2017

Transaction ID : A9B17076B07DB44108DA

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
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 48 OF 85
	<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. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : A26907F86F3EC4D51B71

Amount of Each Receipt this Period
20.00

Memo Item

B. Nelson, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) President & 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
08		29		2017

Transaction ID : A041AA2B4F57046DCB54

Amount of Each Receipt this Period
250.00

Memo Item

C. Nixon, Michael, T., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 Eisenhower Rd

City Leavenworth	State KS	Zip Code 66048-1190
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Armed Forces Insurance Exchange	Occupation (for Individual) Vice President, Insurance Operations
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : AF30532DDF7B04F11BA0

Amount of Each Receipt this Period
360.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	630.00
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 49 OF 85
	<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. Noiro, Katherine, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President, Marketing & Sal
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 08 / 2017
Transaction ID : A6672074E748442FB885
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Palmer, Harry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 08 / 22 / 2017
Transaction ID : A755FB31691B24F8BA81
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Palmer, Harry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 08 / 22 / 2017
Transaction ID : A69B05DD43E904E1BAF9
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 50 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Parrillo, Sandra, G., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6066

City Providence	State RI	Zip Code 02940-6066
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Providence Mutual Fire Insurance Compa	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2017

Transaction ID : A265DC831CA9C402FBAD

Amount of Each Receipt this Period
100.00

Memo Item

B. Paul, John, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 498

City Council Bluffs	State IA	Zip Code 51502-0498
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Western Iowa Mutual Insurance Associat	Occupation (for Individual) President
---	--

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
08	/	14	/	2017

Transaction ID : A3FF2BB8441684C24AA4

Amount of Each Receipt this Period
100.00

Memo Item

C. Pero, Cheri, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) 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
08	/	08	/	2017

Transaction ID : A2C011C83C13D493BAE2

Amount of Each Receipt this Period
750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 51 OF 85
<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. Pierce, Mary, S., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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) Vice President
--	---

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
08	/	17	/	2017

Transaction ID : A1381D081CDDE45F5A9B

Amount of Each Receipt this Period
83.33

Memo Item

B. Pike, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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) Senior Vice President of Human Resou
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : AFD68220400A84A85AED

Amount of Each Receipt this Period
90.00

Memo Item

C. Prandi, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1 Park Cir

City Westfield Center	State OH	Zip Code 44251-9700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Westfield Insurance Company	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2017

Transaction ID : AA9AB55D42CDF4B06885

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	323.33
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 52 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Reeves, Jeff, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1070
 City Galax State VA Zip Code 24333-1070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grayson Carroll Wythe Mutual Insurance Occupation (for Individual) CFO
 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
 08 / 14 / 2017
Transaction ID : A3823F75D4AE441209FA
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Riekse, Jonathan, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President, Personal Lines
 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
 08 / 17 / 2017
Transaction ID : A782BD3EA5A994BE288C
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Rink, Jeff, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Vice President of Marketing and Busine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2017
Transaction ID : A8DAE3A9491ED42F4A3F
 Amount of Each Receipt this Period
 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 53 OF 85
(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. Roach, Clarence, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 22 / 2017
Transaction ID : A57CD21142BB74C8992E
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Roach, Clarence, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 22 / 2017
Transaction ID : A77BC9EDEF02FD43BFAD8
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rupp, Rodney, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Executive Vice President, Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2017
Transaction ID : AF6BA1B0F840C4CDFB9B
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<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. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334-0059
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : A142B3CED8EAB4F64A2C

Amount of Each Receipt this Period
40.00

Memo Item

B. Schmader, Eric, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

City Marble	State PA	Zip Code 16334-0059
----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
755.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : A70615D2DB4AF4F29856

Amount of Each Receipt this Period
40.00

Memo Item

C. Schmittlein, Marc, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1562.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

Transaction ID : A7DBB4A7EE9EF479BAA4

Amount of Each Receipt this Period
104.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....	184.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<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

A. Schmittlein, Marc, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 18 / 2017
Transaction ID : A4F2EED4752E54F9B936
 Amount of Each Receipt this Period 104.17
 Memo Item

B. Schumacher, James, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Director - Agency Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 08 / 17 / 2017
Transaction ID : AB5873F69E3DF43D7A8B
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Senseman, Phyllis, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Vice President Marketing and Communi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 08 / 07 / 2017
Transaction ID : AB9024482A2FE4CDDA5D
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 56 OF 85
	<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. Senseman, Phyllis, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President Marketing and Communi
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : AF564ACB0D3DB4011A71

Amount of Each Receipt this Period
20.83

Memo Item

B. Shannon, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director of Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
441.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : A8BF1B156786847DDBB4

Amount of Each Receipt this Period
50.00

Memo Item

C. Shinas, Athan, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) General Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : AF80FEBF9E3D846D29E8

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	279.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 85
<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. Simmons, Lori, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 Eisenhower Rd
 City Leavenworth State KS Zip Code 66048-1190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Armed Forces Insurance Exchange Occupation (for Individual) Vice President of Marketing & Corporat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 08 / 08 / 2017
Transaction ID : AD8105389B7B14E04856
 Amount of Each Receipt this Period 432.00
 Memo Item

B. Simpson, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 22 / 2017
Transaction ID : A39A52598A5C7495296C
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Simpson, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 22 / 2017
Transaction ID : ACCC1C93814C7450998F
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	532.00
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 58 OF 85
	<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. Sliver, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 577

City Huntingdon	State PA	Zip Code 16652-0577
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mutual Benefit Insurance Company	Occupation (for Individual) CEO
---	------------------------------------

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
08		03		2017

Transaction ID : A4F3A59D8DCF94BCF99F

Amount of Each Receipt this Period
625.00

Memo Item

B. Smith, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Director, Applications & Product Devel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : A54E2F4CE9E064D9E981

Amount of Each Receipt this Period
40.00

Memo Item

C. Spriggs, Kristen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Senior Vice President, Member Develop
---	--

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
08		04		2017

Transaction ID : AC618D31921834A05B3D

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 59 OF 85
	<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

A. Spriggs, Kristen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President, Member Develop
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 18 / 2017
Transaction ID : A49CAE0CF5E934E2888C
 Amount of Each Receipt this Period 20.00
 Memo Item

B. St. Angel, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Royal Rd Ste 100
 City Flemington State NJ Zip Code 08822-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Insurance Company of Flemingto Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 04 / 2017
Transaction ID : AB14826F108CA4C60B28
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stone, John, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Long Ridge Rd
 City Stamford State CT Zip Code 06902-1839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Reinsurance Corporation Occupation (for Individual) Treaty Account Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 29 / 2017
Transaction ID : A71ABB723085A4979863
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.00
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 60 OF 85
	<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. Sullivan, Tim, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Insurance Company, Inc.	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1738.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : AD56D47B6590B4E5D8A1

Amount of Each Receipt this Period
96.15

Memo Item

B. Sullivan, Tim, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Insurance Company, Inc.	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1834.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : AE0B1EDE799AA4A09853

Amount of Each Receipt this Period
96.15

Memo Item

C. Suttner, Terry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President - Membership
---	--

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
08		04		2017

Transaction ID : ADA66449C7C0F4674AD0

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.30
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 61 OF 85
	<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. Suttner, Terry, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Vice President - Membership
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : A284AE9CD50C64B18BA6

Amount of Each Receipt this Period
40.00

Memo Item

B. Taggart, Susan, K., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Columbia St
Ste 3400

City Lafayette	State IN	Zip Code 47901-1330
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual of Indiana Insurance Company	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

Transaction ID : A8C04A5DE0F514A3C831

Amount of Each Receipt this Period
300.00

Memo Item

C. Tagsold, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) President
--	--

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
08		17		2017

Transaction ID : A69DD012160BF4A52A69

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	440.00
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 62 OF 85
<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. Tetrault, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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) State & Policy Affairs Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00

Date of Receipt
08 / 04 / 2017
Transaction ID : A255048F92FDA479EB93

Amount of Each Receipt this Period
20.00

Memo Item

B. Tetrault, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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) State & Policy Affairs Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00

Date of Receipt
08 / 18 / 2017
Transaction ID : AE4290539072B4550B65

Amount of Each Receipt this Period
20.00

Memo Item

C. Thelen, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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) Human Resources
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 630.00

Date of Receipt
08 / 17 / 2017
Transaction ID : A273F2D4658B6412B81B

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 85
<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. Thesing, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President - State Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2017

Transaction ID : A2C138CBDAAEF44A2B14

Amount of Each Receipt this Period
40.00

Memo Item

B. Thesing, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President - State Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2017

Transaction ID : ABD2504F4279B4235A7B

Amount of Each Receipt this Period
40.00

Memo Item

C. Thomas, Bruce, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 594

City Algona	State IA	Zip Code 50511-0594
----------------	-------------	------------------------

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

Name of Employer (for Individual) Heartland Mutual Insurance Association	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2017

Transaction ID : A5E839660B33B40C4A20

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 85
	<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

A. Thomas, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8400 N Via Mia

City Scottsdale	State AZ	Zip Code 85258-2864
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (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
08		08		2017

Transaction ID : A853C4FAF241B4D6589B

Amount of Each Receipt this Period
250.00

Memo Item

B. Thompson, Gary, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

City Columbia	State MO	Zip Code 65205-0618
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

Transaction ID : A408F28DA53F74524B40

Amount of Each Receipt this Period
200.00

Memo Item

C. Thompson, Michael, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director, Finance and Investment
---	---

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
08		07		2017

Transaction ID : A10E6795C32824D23B1B

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	470.00
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 65 OF 85
	<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. Thompson, Michael, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director, Finance and Investment
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : A4AFEB75B98FB407AB23

Amount of Each Receipt this Period
20.00

Memo Item

B. Walsh, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Manager - Business Insurance Product
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : A96BA6C7D782D4D429D2

Amount of Each Receipt this Period
40.00

Memo Item

C. Walsh, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Manager - Business Insurance Products
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : AFFCC1C602F4349208D0

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 66 OF 85
	<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

A. Ward, Ian, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Senior Vice President, Investments and
--	---

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
08	/	17	/	2017

Transaction ID : AE704561331574C658F1

Amount of Each Receipt this Period
84.00

Memo Item

B. Weeks, Ernest, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President, Underwriting
---	---

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
08	/	10	/	2017

Transaction ID : AFEB0C9367F30436D816

Amount of Each Receipt this Period
38.50

Memo Item

C. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville	State IL	Zip Code 62025-2095
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Madison Mutual Insurance Company	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2017

Transaction ID : A212BA6A60C584D27ADA

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.34
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 67 OF 85
	<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. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville State IL Zip Code 62025-2095

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

Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 08 / 01 / 2017
Transaction ID : A8AAF49A0A2684AC9B9F

Amount of Each Receipt this Period 20.84

Memo Item

B. Wenos, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 E Park St
Ste 200

City Edwardsville State IL Zip Code 62025-2095

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

Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.76

Date of Receipt 08 / 31 / 2017
Transaction ID : A71253809C07D477EA0A

Amount of Each Receipt this Period 41.68

Memo Item

C. Wilson, David, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1070

City Galax State VA Zip Code 24333-1070

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

Name of Employer (for Individual) Grayson Carroll Wythe Mutual Insurance Occupation (for Individual) Claims Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2017
Transaction ID : A0E3C271E98E6451DAE5

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.52

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 68 OF 85
	<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"/>	<input type="checkbox"/> 17

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

A. Witt, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Claims Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

Transaction ID : AF895FC3C267D4F20AB5

Amount of Each Receipt this Period
22.00

Memo Item

B. Witt, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Claims Manager
---	---

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
08		18		2017

Transaction ID : A95CEAAABFDA042239B3

Amount of Each Receipt this Period
22.00

Memo Item

C. Young, Jenny, , Ms., AIT
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Assistant to the President/CEO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

Transaction ID : A4BD52171CB304D14AEB

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
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 69 OF 85
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Jenny, , Ms., AIT

Mailing Address PO Box 1463

City Minneapolis	State MN	Zip Code 55440-1463
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Assistant to the President/CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2017

Transaction ID : A87C97AA9698D4C8B978

Amount of Each Receipt this Period
10.00

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	28736.75

**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 70 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Amica Mutual Insurance Company/Fed-Political Action Committee

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

Mailing Address PO Box 6008

City Providence	State RI	Zip Code 02940
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00268987

Name of Employer (for Individual) Occupation (for Individual)

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
08	/	22	/	2017

Transaction ID : AF919616D42C540A38BE

Amount of Each Receipt this Period
2000.00

Memo Item

B. Motorists Mutual Insurance Company Civic Fund

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

Mailing Address 471 E Broad St

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00336834

Name of Employer (for Individual) Occupation (for Individual)

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
08	/	10	/	2017

Transaction ID : A8C82441F971C4E7F8AF

Amount of Each Receipt this Period
2500.00

Memo Item

C.

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	4500.00

**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)	PAGE 71 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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. NAMIC Administrative Fund

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

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 ▼
2076.59

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2017

Transaction ID : AA97E837BB34D4529960

Amount of Each Receipt this Period
216.76

Memo Item
Reimb. of Bank Fees

B.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.76
TOTAL This Period (last page this line number only).....	216.76

**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"/> 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
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : BA91B00174I

Amount of Each Disbursement this Period

[REDACTED] 73.59

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : B579E5C512E

Amount of Each Disbursement this Period

[REDACTED] 14.50

Memo Item

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 Service Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : BABF85AB5

Amount of Each Disbursement this Period

[REDACTED] 319.52

Memo Item

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

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

[REDACTED] 407.61

[REDACTED] 407.61

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. AMERIPAC: The Fund For A Greater America

Full Name (Last, First, Middle Initial)
Mailing Address 700 13th Street, NW
Suite 600
City Washington State DC Zip Code 20005-5998
Purpose of Disbursement

Candidate Name
AMERIPAC: The Fund For A Greater America

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C00271338
Transaction ID : B6664923381
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. AX PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 538
City WAUSAU State WI Zip Code 54402
Purpose of Disbursement

Candidate Name
AX PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C00506535
Transaction ID : B0F8DCB625
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Bill Flores for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6207
City Bryan State TX Zip Code 77805
Purpose of Disbursement

Candidate Name
Flores, Bill, H., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: TX District: 17

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C00472241
Transaction ID : BEE980431E
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. David Scott for Congress

Mailing Address P.O. Box 960821

City
Riverdale

State
GA

Zip Code
30296-0821

Purpose of Disbursement

Candidate Name

Scott, David, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	3		2	0	1	7		

FEC Identification Number

C C00369801

Transaction ID : BB0FB5739D

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address P.O. Box 1437

City
Gallatin

State
TN

Zip Code
37066-1437

Purpose of Disbursement

Candidate Name

Black, Diane, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	3		2	0	1	7		

FEC Identification Number

C C00472878

Transaction ID : BE5009A0A11

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Fund PAC

Mailing Address 701 8th Street, NW
Suite 500

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

Candidate Name

Freedom Fund PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017

Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	3		2	0	1	7		

FEC Identification Number

C C00390674

Transaction ID : B77FF5E561

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Friends of Erik Paulsen

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement

Candidate Name
Paulsen, Erik, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C000439661
Transaction ID : B361D7205E
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Friends of Susan Brooks

Full Name (Last, First, Middle Initial)
Mailing Address 9333 N Meridian Street
Suite 230

City Indianapolis State IN Zip Code 46260-1882

Purpose of Disbursement

Candidate Name
Brooks, Susan, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 05

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C000500207
Transaction ID : BF7A68A056
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Graves for Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 335

City Calhoun State GA Zip Code 30703-0335

Purpose of Disbursement
C

Candidate Name
Graves, Tom, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 14

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C000462556
Transaction ID : B5E17DF4E8
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Heartland Values PAC

Full Name (Last, First, Middle Initial)
Heartland Values PAC

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101-0505

Purpose of Disbursement

Candidate Name
Heartland Values PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other

State: District:

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C00049003
Transaction ID : B346E4F90DI
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. HECK PAC

Full Name (Last, First, Middle Initial)
HECK PAC

Mailing Address 119 1ST AVE S SUITE 320

City Seattle State WA Zip Code 98104-3424

Purpose of Disbursement

Candidate Name
HECK PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other

State: District:

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C000548792
Transaction ID : BDD940D58E
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Hudson for Congress

Full Name (Last, First, Middle Initial)
Hudson, Richard, L., Rep., Jr.

Mailing Address P.O. Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement

Candidate Name
Hudson, Richard, L., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: NC District: 08

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C000504522
Transaction ID : B70D7B7E11
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Lou Barletta for Congress		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address P.O. Box 128		FEC Identification Number C00376004 Transaction ID : BF923C941E! Amount of Each Disbursement this Period 2500.00
City Hazleton	State PA	Zip Code 18201-0128
Purpose of Disbursement	Candidate Name Barletta, Lou, J., Rep.,	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 11	

Full Name (Last, First, Middle Initial) B. Manchin for West Virginia		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address P.O. Box 5202		FEC Identification Number C00486563 Transaction ID : B94DB4B843! Amount of Each Disbursement this Period 2500.00
City Charleston	State WV	Zip Code 25361-0202
Purpose of Disbursement	Candidate Name Manchin, Joe, , Sen., III	Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: WV	District:	

Full Name (Last, First, Middle Initial) C. MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address PO BOX 2485		FEC Identification Number C00543199 Transaction ID : B8CF5F073A Amount of Each Disbursement this Period 2500.00
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement	Candidate Name MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	Other

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MIKE KELLY FOR CONGRESS

Mailing Address PO BOX 476

City Lyndora State PA Zip Code 16045-0476

Purpose of Disbursement

Candidate Name
Kelly, Mike, , Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 03

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C C00474189
Transaction ID : BB92022747f
 Amount of Each Disbursement this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New Democratic Coalition PAC

Mailing Address 700 13th Street NW

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement

Candidate Name
New Democratic Coalition PAC

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) Other

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C C00409730
Transaction ID : B961DD99937
 Amount of Each Disbursement this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Candidate Name
Sessions, Pete, A., Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: TX District: 32

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C C00303305
Transaction ID : BB322A7D2f
 Amount of Each Disbursement this Period
 2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Pittenger for Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 11207

City Charlotte State NC Zip Code 28220-1207

Purpose of Disbursement

Candidate Name
Pittenger, Robert, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 09

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C00514513
Transaction ID : B108EF59321
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Randy Hultgren for Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement

Candidate Name
Hultgren, Randy, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 14

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C00467522
Transaction ID : B29C62E69A:
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. ROTHFUS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement

Candidate Name
Rothfus, Keith, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 12

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C00497115
Transaction ID : B7FF46E275:
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Sherman for Congress

Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement

Candidate Name

Sherman, Brad, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C C00308742

Transaction ID : BB956713F7I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN LYNCH FOR CONGRESS

Mailing Address 105 FARRAGUT RD

City SOUTH BOSTON State MA Zip Code 02124

Purpose of Disbursement

Candidate Name

Lynch, Stephen, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 08

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C C00366948

Transaction ID : B1972A92F5C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Stivers, Steve, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C C00441352

Transaction ID : B6C62F3DBI

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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. The Good Fund

Mailing Address P.O. Box 6572

City
Alexandria

State
VA

Zip Code
22306-0572

Purpose of Disbursement

Candidate Name

The Good Fund

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C C00409185

Transaction ID : BC41452398E

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 999

City
EDISON

State
NJ

Zip Code
08818

Purpose of Disbursement

Candidate Name

MacArthur, Thomas, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C C00557520

Transaction ID : B64CD525AE

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address P.O. Box 10847

City
Rochester

State
NY

Zip Code
14610-0847

Purpose of Disbursement

Candidate Name

Reed, Tom, W., Rep., II

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C C00464032

Transaction ID : BD8DDE181;

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. TREY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 22 / 2017
Mailing Address PO BOX 421		FEC Identification Number C00590463 Transaction ID : B5040C42263
City JEFFERSONVILLE	State IN	Zip Code 47130
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Hollingsworth, Trey, , Rep., III		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 09	

Full Name (Last, First, Middle Initial) B. UPPER HAND FUND		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address PO BOX 2485		FEC Identification Number C00503151 Transaction ID : B14E6A1AC9
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name UPPER HAND FUND		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. WENSTRUP FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017
Mailing Address 512 MISSOURI AVE		FEC Identification Number C00497818 Transaction ID : B7228EEC8E
City CINCINNATI	State OH	Zip Code 45226
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Wenstrup, Brad, R., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	66000.00

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ITEMIZED DISBURSEMENTS**

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<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. Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C
Transaction ID : BC70D79F3F
 Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Elect Karen Fann Committee

Mailing Address 5691 Hole in One Drive

City Prescott State AZ Zip Code 86301-8109

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C
Transaction ID : B03F51E9FD!
 Amount of Each Disbursement this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Don Harmon

Mailing Address 6941-A W. North Avenue

City Oak Park State IL Zip Code 60302-1024

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C
Transaction ID : B062AD0519
 Amount of Each Disbursement this Period
 1000.00

Memo Item

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

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

2250.00

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

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<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. Kimberly Yee for Arizona

Mailing Address P.O. Box 83561

City
Phoenix

State
AZ

Zip Code
85071-3561

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	3		2	0	1	7		

FEC Identification Number

C [Redacted]
Transaction ID : B5AD49F9AE
Amount of Each Disbursement this Period
[Redacted] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Matt Lehman for State Representative

Mailing Address 663 Lehman Street

City
Berne

State
IN

Zip Code
46711-2334

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	3		2	0	1	7		

FEC Identification Number

C [Redacted]
Transaction ID : BFB6AE289F
Amount of Each Disbursement this Period
[Redacted] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NAMIC Administrative Fund

Mailing Address 3601 Vincennes Rd

City
Indianapolis

State
IN

Zip Code
46268-1154

Purpose of Disbursement
Refund of deposit made in error

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: Other

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	3		2	0	1	7		

FEC Identification Number

C [Redacted]
Transaction ID : BF4B8DC4D
Amount of Each Disbursement this Period
[Redacted] 100.00

Memo Item

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

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

[Redacted]	1350.00
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[Redacted]	
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ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Vote Livingston

Mailing Address 9559 W Menadota Drive

City Peoria State AZ Zip Code 85382-4196

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C
Transaction ID : B608CC90E8
 Amount of Each Disbursement this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yarbrough/Senate

Mailing Address 2241 E Pecos Rd

City Chandler State AZ Zip Code 85225-6144

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C
Transaction ID : BC3C113BDA
 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

Office Sought: House Senate President
 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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)..... ▶

500.00
 4100.00