

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, 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, 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 09/01/2012 through 09/30/2012

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

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

Signature of Treasurer Mr. Gregg A. Dykstra J.D. [Electronically Filed] Date 10/19/2012

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

Office Use Only table with 10 columns and 1 row, and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		98749.50
(b) Cash on Hand at Beginning of Reporting Period.....	36925.18	
(c) Total Receipts (from Line 19)	65199.06	342881.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102124.24	441630.77
7. Total Disbursements (from Line 31).....	61025.65	400532.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41098.59	41098.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	48830.65	226839.58
(ii) Unitemized	7984.47	83140.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56815.12	309980.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	31250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64815.12	341230.51
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).....	375.64	1556.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8.30	94.24
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))..... ▶	65199.06	342881.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65199.06	342881.27

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	275.65	1719.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	275.65	1719.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	380000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2412.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2412.43
29. Other Disbursements	2250.00	16400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61025.65	400532.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61025.65	400532.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	64815.12	341230.51
34. Total Contribution Refunds (from Line 28(d))	0.00	2412.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64815.12	338818.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	275.65	1719.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	375.64	1556.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-99.99	163.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Maurice R. Abens CIC, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 35
 City Humboldt State IA Zip Code 50548-0035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humboldt Mutual Insurance Association Occupation Secretary/Manager
 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
 09 / 27 / 2012
Transaction ID : A86F718310B4540219F6
 Amount of Each Receipt this Period
 375.00

B. Ms. Cathy M. Adcock
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A6D9F811AF45A4E22987
 Amount of Each Receipt this Period
 50.00

C. Ms. Cathy M. Adcock
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A1C23C051DDFA4226851
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **511.25**

Date of Receipt **09 / 04 / 2012**

Transaction ID : A31AE07019C1A491396B

Amount of Each Receipt this Period **30.00**

B. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **541.25**

Date of Receipt **09 / 11 / 2012**

Transaction ID : A3B73380DFBC64D8BA0C

Amount of Each Receipt this Period **30.00**

C. Mr. Todd E. Albert
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **571.25**

Date of Receipt **09 / 26 / 2012**

Transaction ID : A427A13832CAA4CF4A71

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Bruce Albro
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820-0111
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
09 / 26 / 2012
Transaction ID : **ACB7B0D66560E4E6DBEF**

Amount of Each Receipt this Period
100.00

B. Mr. Thomas Alighieri
Full Name (Last, First, Middle Initial)
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 Norfolk & Dedham Mutual Fire Insurance	Occupation Assistant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt
09 / 06 / 2012
Transaction ID : **A0A6BBF59443248BFBA5**

Amount of Each Receipt this Period
20.00

C. Mr. Thomas Alighieri
Full Name (Last, First, Middle Initial)
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 Norfolk & Dedham Mutual Fire Insurance	Occupation Assistant Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Date of Receipt
09 / 20 / 2012
Transaction ID : **A4A5AA11DF2FF44ADAB9**

Amount of Each Receipt this Period
20.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Neil Alldredge

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran Senior Vice President - State and Poli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
09 / 07 / 2012
Transaction ID : A1D1ADB9C436B480D9F5

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Mr. Neil Alldredge

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran Senior Vice President - State and Poli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
09 / 24 / 2012
Transaction ID : ABC49B85F1E584934A94

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Ms. Diane Allen

Mailing Address 6101 Anacapri Blvd

City State Zip Code
Lansing MI 48917-3994

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
09 / 04 / 2012
Transaction ID : ACB283B3896304A01917

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional)..... ► 135.00

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 113
<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. Ms. Diane Allen
Full Name (Last, First, Middle Initial)
Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3994
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : A0222F69E547543F9B51

Amount of Each Receipt this Period
55.00

B. Mr. James Anderton
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation 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
09	/	04	/	2012

Transaction ID : A27C592679D174D869B4

Amount of Each Receipt this Period
250.00

C. Ms. Susan M. Andrews APR
Full Name (Last, First, Middle Initial)
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 National Association of Mutual Insuran	Occupation FMDC Administrator
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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
09	/	26	/	2012

Transaction ID : A38EA6A15E6A34690B7D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	555.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Rick A. Arens
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Underwriting Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A11B4FF351E7048BBBCF
 Amount of Each Receipt this Period
 25.00

B. Mr. James P. Ayers
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City State Zip Code
 Branchville NJ 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franklin Mutual Insurance Company President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : AF7AEFA184FA84BC483D
 Amount of Each Receipt this Period
 500.00

C. Ms. Lisa M Ayotte
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company AVP- Real Estate & Operational Service
 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
 09 / 04 / 2012
Transaction ID : A005DDAA3D6324344866
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	555.00
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ms. Lisa M Ayotte

Mailing Address **PO Box 30660**

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

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

Name of Employer **Auto-Owners Insurance Company** Occupation **AVP- Real Estate & Operational Service**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

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

Transaction ID : A79443E1587DE4B72B4B

Amount of Each Receipt this Period

3	0	0	0
---	---	---	---

300.00

Full Name (Last, First, Middle Initial)
B. Mr. Brent Bahler

Mailing Address **PO Box 68700**

City **Indianapolis** State **IN** Zip Code **46268-0700**

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

Name of Employer **National Association of Mutual Insuran** Occupation **Vice President, Public Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

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

Transaction ID : A8D5D621F35C842E4BB4

Amount of Each Receipt this Period

2	5	0	0
---	---	---	---

250.00

Full Name (Last, First, Middle Initial)
C. Mr. Michael D. Baker

Mailing Address **PO Box 30660**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

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

Transaction ID : A1D73BC84D203468BBB6

Amount of Each Receipt this Period

5	0	0	0
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50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Michael D. Baker

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012
Transaction ID : A982F34D6C20D442B852

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Mr. Kevin Barnes

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2012
Transaction ID : A2B6F71A09EB0464D9F5

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mr. Kevin Barnes

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012
Transaction ID : A6D7E5894791F41C481C

Amount of Each Receipt this Period
25.00

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 14 OF 113
	<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

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

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

A. Ms. Sandy J. Bear PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 N 4th St
 City Watseka State IL Zip Code 60970-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watseka Mutual Insurance Company Occupation Secretary/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : A1225970A2FD04ED589E
 Amount of Each Receipt this Period
 250.00

B. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : A107F366BA2BA467F97B
 Amount of Each Receipt this Period
 115.39

C. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : ADD6F63AB27DF4803A61
 Amount of Each Receipt this Period
 115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ms. Deborah Betten

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3544

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

Name of Employer Occupation
Harford Mutual Insurance Company Claims Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.86

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : A4D296CB382C441BDA09

Amount of Each Receipt this Period
10.64

Full Name (Last, First, Middle Initial)
B. Ms. Rena Bilodeau

Mailing Address 1460 Wells St

City State Zip Code
Enumclaw WA 98022-3003

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

Name of Employer Occupation
Mutual of Enumclaw Insurance Company Vice President - Human Resources

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
09 / 11 / 2012

Transaction ID : A7AE0D56883F7407FBB8

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Ms. Rena Bilodeau

Mailing Address 1460 Wells St

City State Zip Code
Enumclaw WA 98022-3003

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

Name of Employer Occupation
Mutual of Enumclaw Insurance Company Vice President - Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : A3AEDA09E71054868B9F

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	310.64
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. John J. Bishop CPCU, CLU
Full Name (Last, First, Middle Initial)

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 Motorists Mutual Insurance Company Occupation CEO & Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A4257163C376541DF83D

Amount of Each Receipt this Period 50.00

B. Mr. William C. Bonaudi
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 778

City Seattle State WA Zip Code 98111-0778

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

Name of Employer PEMCO Mutual Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2012
Transaction ID : A3B2D0F62A66C405BB02

Amount of Each Receipt this Period 250.00

C. Mr. Harold Britton
Full Name (Last, First, Middle Initial)

Mailing Address 5000 9th Ave S

City Great Falls State MT Zip Code 59405-5708

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

Name of Employer Cascade Farmers Mutual Insurance Compa Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2012
Transaction ID : A74075F45CB39499FAC7

Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Harold Britton

Mailing Address 5000 9th Ave S

City State Zip Code
 Great Falls MT 59405-5708

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

Name of Employer Occupation
 Cascade Farmers Mutual Insurance Compa President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : A957B0AA12B6F4AF7834

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Ms. Heather Brown

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

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

Name of Employer Occupation
 Ohio Mutual Insurance Company Bill Service Center Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 09 / 04 / 2012
Transaction ID : A6E2D7A11C4D746A5B3A

Amount of Each Receipt this Period
 5.00

Full Name (Last, First, Middle Initial)
C. Ms. Heather Brown

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

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

Name of Employer Occupation
 Ohio Mutual Insurance Company Bill Service Center Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 09 / 11 / 2012
Transaction ID : A0F6720008C7D4A8DBA7

Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Ms. Heather Brown

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Bill Service Center Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : AD88324C3856441228EF

Amount of Each Receipt this Period
5.00

Full Name (Last, First, Middle Initial)
B. Ms. Tina Brumley

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : ABAF5F89D04874E55A30

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Ms. Tina Brumley

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : A9FCB659C5237497E854

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 19 OF 113
	<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. Mr. Bob I. Buchanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917-3994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Info. Systems &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : AF84DCEFB8178431EABD
 Amount of Each Receipt this Period
 42.00

B. Mr. Bob I. Buchanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917-3994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Info. Systems &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A9AE3DEF9A7924F1AB20
 Amount of Each Receipt this Period
 42.00

C. Mr. James Buch PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 307
 City Keystone State IA Zip Code 52249-0307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benton Mutual Insurance Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : A9C3D0071A2CE4B0FA92
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	334.00
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 20 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Stephen Buell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

Transaction ID : A755D485B1E2F4A7794B

Amount of Each Receipt this Period

25.00

B. Mr. Stephen Buell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

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

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
09	/	26	/	2012

Transaction ID : A2E063046DBC648B888A

Amount of Each Receipt this Period

25.00

C. Mr. Mike Bush
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 860

City Bryant	State AR	Zip Code 72089-0860
----------------	-------------	------------------------

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

Name of Employer Farmers Union Mutual Insurance Company	Occupation Vice President/Secretary
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : AF0A2795BBBF644D29DC

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....▶	2550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Gary J. Capone
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Mutual Insurance Company Occupation Vice President, Marketing
 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
 09 / 10 / 2012
Transaction ID : A5C0A0E28FD894A98A0A
 Amount of Each Receipt this Period
 500.00

B. Mr. Peter M. Cazzolla
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Garden Rd
 City Monterey State CA Zip Code 93940-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Capital Insurance Company Occupation Chairman, President and CEO
 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
 09 / 27 / 2012
Transaction ID : A5193EA00BFFB4E5F8A0
 Amount of Each Receipt this Period
 300.00

C. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : AFA7814362F844F7BACE
 Amount of Each Receipt this Period
 90.00

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 22 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Charles M. Chamness
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1710.00**

Date of Receipt **09 / 24 / 2012**
Transaction ID : AFC0B13D7936246D2888
 Amount of Each Receipt this Period **90.00**

B. Mr. John Cholnoky I
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10350 Financial Center
 City Stamford State CT Zip Code 06904-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Reinsurance Corporation Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : A1870FBD685A648BD85A
 Amount of Each Receipt this Period **750.00**

C. Mr. Mark Coe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation IT Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **660.00**

Date of Receipt **09 / 04 / 2012**
Transaction ID : ADDC2C32E18534BEAA37
 Amount of Each Receipt this Period **39.00**

SUBTOTAL of Receipts This Page (optional)..... **879.00**
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **699.00**

Date of Receipt **09 / 11 / 2012**

Transaction ID : ADFC7000A897F459290B

Amount of Each Receipt this Period **39.00**

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **738.00**

Date of Receipt **09 / 26 / 2012**

Transaction ID : A95EA359ACC5A4F3C920

Amount of Each Receipt this Period **39.00**

c. Mr. Darwin G. Copeman CPCU
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 468

City Neenah State WI Zip Code 54957-0468

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

Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1859.00**

Date of Receipt **09 / 04 / 2012**

Transaction ID : A822926D5DF264BE5831

Amount of Each Receipt this Period **154.00**

SUBTOTAL of Receipts This Page (optional)..... **232.00**

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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2013.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : A2699D872E6054DCE8C0
 Amount of Each Receipt this Period
 154.00

B. Mr. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2263.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A93DEDBABB0E740A29EB
 Amount of Each Receipt this Period
 250.00

C. Ms. Connie Costigan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 968
 City Concordia State MO Zip Code 64020-0968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CFM Insurance, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : AB72449FCF12C429CBB6
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	454.00
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 25 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Connie Costigan		Date of Receipt
Mailing Address PO Box 968		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Concordia	MO	64020-0968
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CFM Insurance, Inc.	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. Ms. Melody Cummings		Date of Receipt
Mailing Address PO Box 24000		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Oklahoma City	OK	73124-4000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Farmers & Ranchers Mutual Ins	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Mr. Robert Detlefsen PhD		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
National Association of Mutual Insuran	Vice President - Public Policy	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="652.20"/>	
		Amount of Each Receipt this Period
		<input type="text" value="43.48"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="393.48"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.68	

Date of Receipt
09 / 24 / 2012
Transaction ID : A98CECF6FBA944F8BA06

Amount of Each Receipt this Period
43.48

B. Mr. Mike DiGvonna
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 666

City Forreston	State IL	Zip Code 61030-0666
FEC ID number of contributing federal political committee. C		
Name of Employer Forreston Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Date of Receipt
09 / 26 / 2012
Transaction ID : A108AD0D2DCAC4CBD935

Amount of Each Receipt this Period
275.00

C. Ms. Bernie Dochnahl
Full Name (Last, First, Middle Initial)
Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual of Enumclaw Insurance Company	Occupation Board of Trustees	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
09 / 13 / 2012
Transaction ID : AC7D6FA443A9342469E8

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1318.48
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 113
	<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

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

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **09 / 04 / 2012**

Transaction ID : A037CBF19F933426DB4D

Amount of Each Receipt this Period **75.00**

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 26 / 2012**

Transaction ID : A6972A938A5A848FC963

Amount of Each Receipt this Period **75.00**

C. Mr. Christian Drusano
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **222.24**

Date of Receipt **09 / 11 / 2012**

Transaction ID : AB7D7485A28414F029CD

Amount of Each Receipt this Period **15.87**

SUBTOTAL of Receipts This Page (optional)..... **165.87**

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 28 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Gregg A. Dykstra J.D.		Date of Receipt
Mailing Address 3601 Vincennes Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Indianapolis State IN Zip Code 46268-1154		Transaction ID : AC2D473C7F2B54B148E1
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer		<input type="text"/> 96.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 1730.88

Full Name (Last, First, Middle Initial) B. Mr. Gregg A. Dykstra J.D.		Date of Receipt
Mailing Address 3601 Vincennes Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Indianapolis State IN Zip Code 46268-1154		Transaction ID : A0EDFB18B692441DFB2C
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer		<input type="text"/> 96.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 1827.04

Full Name (Last, First, Middle Initial) c. Mr. Gregg A. Dykstra J.D.		Date of Receipt
Mailing Address 3601 Vincennes Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Indianapolis State IN Zip Code 46268-1154		Transaction ID : AE69DE36269E1431882B
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer		<input type="text"/> 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 1902.04

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 267.32
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 14 / 2012
Transaction ID : AD22CD2000DFF4156829
 Amount of Each Receipt this Period 38.47

B. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 09 / 28 / 2012
Transaction ID : A5C733C35A3794F18ABD
 Amount of Each Receipt this Period 38.47

C. Mr. Andrew M. Eriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager-Project Research & Coordinatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 04 / 2012
Transaction ID : A5F94FA2CB51F4572893
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.94
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Andrew M. Eriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Auto-Owners Insurance Company Occupation: Manager-Project Research & Coordinatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 26 / 2012
Transaction ID : A4A1A2C1FEA0D42DA81E
 Amount of Each Receipt this Period: 100.00

B. Mr. Richard C. Ewert CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2003
 City Milwaukee State WI Zip Code 53201-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Partners Mutual Insurance Company Occupation: President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2012
Transaction ID : A4CC4D188F16E4AFABCA
 Amount of Each Receipt this Period: 500.00

C. Mr. Mark H. Ewert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2003
 City Milwaukee State WI Zip Code 53201-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Partners Mutual Insurance Company Occupation: Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 26 / 2012
Transaction ID : A28728DFB52D9442EBFB
 Amount of Each Receipt this Period: 660.00

SUBTOTAL of Receipts This Page (optional).....▶	1260.00
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 113
	<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. Mr. Stephen F. Fabian
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **555.56**

Date of Receipt **09 / 11 / 2012**

Transaction ID : A11B02567B12A479BA46

Amount of Each Receipt this Period **111.11**

B. Ms. Gayle Fisher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 04 / 2012**

Transaction ID : A1640452EEA544708B22

Amount of Each Receipt this Period **60.00**

C. Ms. Gayle Fisher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **09 / 26 / 2012**

Transaction ID : AF6D484E21F52482F941

Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **231.11**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<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. Mr. Robert A. Fitzsimmons
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 84

City Marble	State PA	Zip Code 16334-0084
----------------	-------------	------------------------

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

Name of Employer Farmers Mutual Fire Insurance Company	Occupation President and CEO
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : ADBD7781BC7B54492A05

Amount of Each Receipt this Period

100.00

B. Mr. Robert A. Fitzsimmons
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 84

City Marble	State PA	Zip Code 16334-0084
----------------	-------------	------------------------

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

Name of Employer Farmers Mutual Fire Insurance Company	Occupation President and CEO
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : AD37EB0E700D14379A71

Amount of Each Receipt this Period

560.00

C. Mr. Brad Fortner
Full Name (Last, First, Middle Initial)
Mailing Address 703 W Poplar St

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

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

Name of Employer Farmers Mutual Insurance Company	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : A3AE6698008E9481FB19

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	910.00
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 33 OF 113
	<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. Mr. Matt Gannon
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 07 / 2012
Transaction ID : **AFF2E8EDA6BFE44C5AC1**

Amount of Each Receipt this Period
20.00

B. Mr. Matt Gannon
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
09 / 24 / 2012
Transaction ID : **AAFD9834009D8442CBFA**

Amount of Each Receipt this Period
20.00

C. Mr. Bryan Gilleland
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

City Frankenmuth	State MI	Zip Code 48787-0001
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt
09 / 14 / 2012
Transaction ID : **A14142DA15EB4433BB85**

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional).....▶	78.47
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : A66146C7994AB4676BF2

Amount of Each Receipt this Period
 38.47

Full Name (Last, First, Middle Initial)
B. Mr. John Goodin

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3544

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

Name of Employer Occupation
 Harford Mutual Insurance Company Underwriting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 222.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2012

Transaction ID : A3DBDEA97EDEC492B8CE

Amount of Each Receipt this Period
 15.87

Full Name (Last, First, Middle Initial)
C. Mr. Kedwin D. Graber

Mailing Address PO Box 527

City State Zip Code
 Indianapolis IN 46206-0527

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

Name of Employer Occupation
 Indiana Farmers Mutual Insurance Compa 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
 09 / 27 / 2012

Transaction ID : AC6EE12B7BDD144DF9A2

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 304.34

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: PAGE 35 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1695.75

Date of Receipt 09 / 07 / 2012
Transaction ID : A9DDD8FFBB12443CBA2E
 Amount of Each Receipt this Period 113.05

B. Mr. Jimi Grande
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City Washington State DC Zip Code 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Senior Vice President-Federal and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1808.80

Date of Receipt 09 / 24 / 2012
Transaction ID : A8EF4D419C0B74025908
 Amount of Each Receipt this Period 113.05

C. Mr. William J. Gregor Jr.
 Full Name (Last, First, Middle Initial)
 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 Hastings Mutual Insurance Company Occupation Vice President of Insurance Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 04 / 2012
Transaction ID : AFC5BD1A7715649B594D
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.10
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 113
	<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

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

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

A. Mr. Jonathan C. Grether CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 370
 City Algona State IA Zip Code 50511-0370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pharmacists Mutual Insurance Company Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : A691100E5470B4AA8BDB
 Amount of Each Receipt this Period
 250.00

B. Mr. George H. Guptill Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Mutual Insurance Company Occupation 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
 09 / 10 / 2012
Transaction ID : ABE6E56A74A8E47959BE
 Amount of Each Receipt this Period
 500.00

C. Ms. Alice Hamm
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : ABC4FC9B092FF46E89D5
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 37 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Alice Hamm
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : AAAEBCB13184044C298E

Amount of Each Receipt this Period

500.00

30.00

B. Mr. Richard Harris
Full Name (Last, First, Middle Initial)
Mailing Address CityPlace I

City Hartford	State CT	Zip Code 06103
------------------	-------------	-------------------

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

Name of Employer Franklin Mutual Insurance Company	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

Transaction ID : A3BDBD87D1B0F47C3BDD

Amount of Each Receipt this Period

500.00

500.00

c. Mr. Christopher D. Hartrich
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 468

City Neenah	State WI	Zip Code 54957-0468
----------------	-------------	------------------------

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

Name of Employer Jewelers Mutual Insurance Company	Occupation Vice President HR/Organizational Devel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : AF387942032784D99A7F

Amount of Each Receipt this Period

20.00

20.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. F. Timothy Hegarty Jr., CPCU			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A5739CED216664353BA7
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. F. Timothy Hegarty Jr., CPCU			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A9CCDA9A783584856B3D
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Mr. F. Timothy Hegarty Jr., CPCU			Date of Receipt
Mailing Address 222 Ames St			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A4BD1CDCEF3934C8D9EF
Dedham	MA	02026-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Norfolk & Dedham Mutual Fire Insurance	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="540.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Stuart C. Henderson JD, CPCU

Mailing Address PO Box 1463

City State Zip Code
Minneapolis MN 55440-1463

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

Name of Employer Occupation
Western National Mutual Insurance Comp President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
09 / 26 / 2012
Transaction ID : A14B898E7824A4E22BAC

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Brian E. Henman

Mailing Address PO Box 5555

City State Zip Code
Meridian ID 83680-5555

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

Name of Employer Occupation
United Heritage Property & Casualty In President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 06 / 2012
Transaction ID : A2D6A3A99FE2941BAA47

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Brian E. Henman

Mailing Address PO Box 5555

City State Zip Code
Meridian ID 83680-5555

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

Name of Employer Occupation
United Heritage Property & Casualty In President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
09 / 27 / 2012
Transaction ID : A50C8E5CEBF854554920

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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 113
	<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. Ms. Brenda G. Hennenfent
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt 09 / 04 / 2012
Transaction ID : A7C530D2AD4174C51B2B
 Amount of Each Receipt this Period 21.00

B. Ms. Brenda G. Hennenfent
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A1BB49B66C87D4CABAB/
 Amount of Each Receipt this Period 21.00

C. Mr. William G. Hirschfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 10 / 2012
Transaction ID : A0E4D2C5C4E9F495BAED
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1042.00
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David F. Honold
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1461.67**

Date of Receipt **09 / 14 / 2012**
Transaction ID : A4BAAD68F571145C79A2

Amount of Each Receipt this Period **76.93**

B. Mr. David F. Honold
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.60**

Date of Receipt **09 / 28 / 2012**
Transaction ID : AD3A5F58F84F641249C3

Amount of Each Receipt this Period **76.93**

C. Mr. Richard Hughes
Full Name (Last, First, Middle Initial)
Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **222.24**

Date of Receipt **09 / 11 / 2012**
Transaction ID : A85BDE45A28AE4BAAAAE

Amount of Each Receipt this Period **15.87**

SUBTOTAL of Receipts This Page (optional)..... **169.73**

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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Timothy R. Hyle CPA
Full Name (Last, First, Middle Initial)

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1896

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

Name of Employer	Occupation
Preferred Mutual Insurance Company	Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : A065C90AB279345ACBA1

Amount of Each Receipt this Period
75.00

B. Ms. Theresa Jakubick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : ACFCA5AB1396C4A5BAE7

Amount of Each Receipt this Period
20.00

C. Ms. Theresa Jakubick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

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

Name of Employer	Occupation
Ohio Mutual Insurance Company	Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : AEEB42C59A248404398D

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Theresa Jakubick		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA2C7A857F62D40C68D8
Name of Employer	Occupation	Amount of Each Receipt this Period
Ohio Mutual Insurance Company	Project Manager	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Debra M. Johnson		Date of Receipt
Mailing Address PO Box 263		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ferdinand	IN	47532-0263
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC7C111691BC94411959
Name of Employer	Occupation	Amount of Each Receipt this Period
Ferdinand Farmers Mutual Insurance Com	Secretary/Manager	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Amy R. Johnson		Date of Receipt
Mailing Address PO Box 197		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Finley	ND	58230-0197
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A652DCC8582AB4C10983
Name of Employer	Occupation	Amount of Each Receipt this Period
Steele Traill County Mutual Insurance	Manager/Treasurer	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1270.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 113
<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. Ms. Sue R. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10350
 City State Zip Code
 Stamford CT 06904-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 General Reinsurance Corporation Midwest Region Manager - Treaty
 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
 09 / 26 / 2012
Transaction ID : AF8243C5D6AD4462588C
 Amount of Each Receipt this Period
 700.00

B. Mr. Jon Jorgensen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Vice President Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : AA87FBDB644584269812
 Amount of Each Receipt this Period
 30.00

C. Mr. Jon Jorgensen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Vice President Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A4926607AFF084F24938
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	760.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Frank P. Kellner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.76

Date of Receipt 09 / 11 / 2012
Transaction ID : A1B21C1199D4B4927820
 Amount of Each Receipt this Period 55.56

B. Mr. James J. Kennedy CPCU, LUTC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A6FD2B49B620046568A8
 Amount of Each Receipt this Period 100.00

C. Mr. Vaughn Kidd
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Supervising Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.24

Date of Receipt 09 / 11 / 2012
Transaction ID : AD12FE68655C648B0B70
 Amount of Each Receipt this Period 15.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.43
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Harford Mutual Insurance Company Occupation Vice President & Chief Financial Offic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **319.98**

Date of Receipt **09 / 27 / 2012**

Transaction ID : AC7BEFEC2F99E48629EC

Amount of Each Receipt this Period **53.33**

B. Mr. Drew A. Klasing
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager, Home Office Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 04 / 2012**

Transaction ID : A6BEDEDEAB7B45E5B2/

Amount of Each Receipt this Period **40.00**

C. Mr. Drew A. Klasing
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation Manager, Home Office Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **09 / 26 / 2012**

Transaction ID : AADE0A31640A64C37A61

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **133.33**

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:	PAGE 47 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Kraig T. Klopfenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A83240D3BFB6841BF847
 Amount of Each Receipt this Period
 75.00

B. Mr. Kraig T. Klopfenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Sales/Marketing
 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
 09 / 26 / 2012
Transaction ID : AC95A3BEA1FA44B50B24
 Amount of Each Receipt this Period
 75.00

C. Mr. Scott Krum PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 429
 City Marshfield State WI Zip Code 54449-0429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McMillan Warner Mutual Insurance Compa Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : ADCB1824538B24AFFB74
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 113
	<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. Cass Kuhlke
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 American Ln
 City Schaumburg State IL Zip Code 60196-5452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Zurich U.S. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A82FF9285C6674041A73
 Amount of Each Receipt this Period
 250.00

B. Ms. Sandra Kurack
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Eastlake Ave E
 City Seattle State WA Zip Code 98109-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEMCO Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : AAE6D7A8B38754135A04
 Amount of Each Receipt this Period
 125.00

C. Ms. Jo Ann M. Kuschel PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 Harold Meyer Dr
 City New Haven State MO Zip Code 63068-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boeuf & Berger Mutual Insurance Compan Occupation Secretary/Treasurer/ Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : AEBEB5C4D79EF4921B72
 Amount of Each Receipt this Period
 215.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Glenn A. Lambert PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 9th Ave S
 City State Zip Code
 Great Falls MT 59405-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cascade Farmers Mutual Insurance Compa General 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
 09 / 26 / 2012
Transaction ID : A941B73FD6C934C45AFC
 Amount of Each Receipt this Period
 1000.00

B. Mr. Justin L. Lear PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 396
 City State Zip Code
 Ellinwood KS 67526-0396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Farmers Mutual Insurance Company CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : A708B6DA7D27448CFAAE
 Amount of Each Receipt this Period
 33.33

C. Mr. Steven Linkous
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : AE92E98E4CA0D46B893B
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1133.33
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: PAGE 50 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Steven Linkous

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3544

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

Name of Employer Occupation
 Harford Mutual Insurance Company President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1850.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : AAEDDCF24CB8A4CEDA6

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1896

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 11 / 2012
Transaction ID : A4DBBDD8E87C542CDAD1

Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
C. Mr. Tim Lynch

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 09 / 04 / 2012
Transaction ID : ADBA9C674E82143E4A15

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 345.00

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 51 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Tim Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A0A08B1751DD343FBA46
 Amount of Each Receipt this Period 35.00

B. Mr. Wilbur J. Maas PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 812
 City Hull State IA Zip Code 51239-0812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Association o Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2012
Transaction ID : A09B1376EF34946A2A99
 Amount of Each Receipt this Period 800.00

C. Ms. Rae Malesh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Assistant to the President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 07 / 2012
Transaction ID : A4BC0D10FD77D42DFB0D
 Amount of Each Receipt this Period 13.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 848.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Rae Malesh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Assistant to the President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **256.50**

Date of Receipt **09 / 24 / 2012**
Transaction ID : AA7B0E305D0FE4488A09
 Amount of Each Receipt this Period **13.50**

B. Mr. Michael Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 Military Rd Ste 279
 City Benton State AR Zip Code 72015-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Action Claim Service, Inc. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : ABFAD4EEA4AFE48EAAC!
 Amount of Each Receipt this Period **250.00**

C. Ms. Diane Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 04 / 2012**
Transaction ID : A522E8E1DFF414CC3849
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **363.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Diane Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : AEB312D7E9CDF4D30A53
 Amount of Each Receipt this Period **100.00**

B. Mr. Dale J. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Branchville State NJ Zip Code 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FMI Insurance Company Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : ACF362267028C42079DC
 Amount of Each Receipt this Period **500.00**

C. Mr. Joel Matthies
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation Vice President - Information Technolog
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 04 / 2012**
Transaction ID : A2A2916D35A414DA1AC5
 Amount of Each Receipt this Period **30.00**

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 54 OF 113
	<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. Mr. Joel Matthies
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation Vice President - Information Technolog
 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
 09 / 24 / 2012
Transaction ID : AEFA146F936B94570AAA
 Amount of Each Receipt this Period
 30.00

B. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : AFF5833488B004D469E3
 Amount of Each Receipt this Period
 38.47

C. Mr. Phil McCain
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : AE107D55869F44F94BFA
 Amount of Each Receipt this Period
 38.47

SUBTOTAL of Receipts This Page (optional).....▶	106.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 113
	<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

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

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

Full Name (Last, First, Middle Initial) A. Ms. Sherry L. McKenzie AAM, AIS		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABF9B9EA0F2B34A6AB78
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Assistant Manager	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="370.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Sherry L. McKenzie AAM, AIS		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA6C996523C2A4A08804
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Assistant Manager	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Brian S. McLeod		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A277D72A2253143518EC
Name of Employer	Occupation	Amount of Each Receipt this Period
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer	<input type="text" value="38.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="730.93"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="138.47"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 113
	<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

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

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

A. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Secretary & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : A60F66DEEC4BC444A810
 Amount of Each Receipt this Period
 38.47

B. Mr. Stan W. McNaughton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 778
 City Seattle State WA Zip Code 98111-0778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEMCO Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : A1BB2B4B14F024D55BEA
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A3A3515BE0A7D4D6D893
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	318.47
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Scott A. Michael			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2012 Transaction ID : A931DA758A71D4494968		
Mailing Address PO Box 30660			Amount of Each Receipt this Period 300.00		
City Lansing	State MI	Zip Code 48909-8160			
FEC ID number of contributing federal political committee. C					
Name of Employer Auto-Owners Insurance Company		Occupation AVP - Personal Lines Auto			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) B. Ms. Tricia A. Mickley CPA, PFMM			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2012 Transaction ID : A8065906BD44D43FE9FD		
Mailing Address PO Box 31			Amount of Each Receipt this Period 150.00		
City Mount Carroll	State IL	Zip Code 61053-0031			
FEC ID number of contributing federal political committee. C					
Name of Employer Mount Carroll Mutual Fire Insurance Co		Occupation Secretary/Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

Full Name (Last, First, Middle Initial) C. Mr. David Middleton			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2012 Transaction ID : A39671AA5D1224553AA4		
Mailing Address PO Box 68700			Amount of Each Receipt this Period 40.00		
City Indianapolis	State IN	Zip Code 46268-0700			
FEC ID number of contributing federal political committee. C					
Name of Employer National Association of Mutual Insuran		Occupation Vice President - Finance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00			

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

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

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

FOR LINE NUMBER: PAGE 58 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. David Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City State Zip Code
 Indianapolis IN 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Vice President - Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : A69814FA6836D479FA5C
 Amount of Each Receipt this Period
 40.00

B. Mr. Stephen H. Miller CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Eastlake Ave E
 City State Zip Code
 Seattle WA 98109-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PEMCO Mutual Insurance Company Vice President & COO
 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
 09 / 26 / 2012
Transaction ID : A6CA135C51FC04872B0D
 Amount of Each Receipt this Period
 50.00

C. Ms. Dona L. Mohr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Hopley Ave
 City State Zip Code
 Bucyrus OH 44820-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Mutual Insurance Company Assistant Vice President-Quality Servi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 635.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A36FF9695E9634FBF841
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : A8DB20A30E0594A18B27

Amount of Each Receipt this Period
40.00

B. Ms. Dona L. Mohr
Full Name (Last, First, Middle Initial)
Mailing Address 1725 Hopley Ave

City Bucyrus	State OH	Zip Code 44820-3569
-----------------	-------------	------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Assistant Vice President-Quality Servi
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : A7439762451BB43E6A40

Amount of Each Receipt this Period
40.00

C. Ms. Carolyn B. Muller
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation AVP-Regional Sales Operations
---	---

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
09	/	04	/	2012

Transaction ID : A6C0A133BEEC84D8FA3D

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ms. Carolyn B. Muller

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer Auto-Owners Insurance Company Occupation AVP-Regional Sales Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 26 / 2012**

Transaction ID : A7E516E206F434453873

Amount of Each Receipt this Period **300.00**

Full Name (Last, First, Middle Initial)
B. Ms. Karlyn T. Myers

Mailing Address 1 Preferred Way

City New Berlin State NY Zip Code 13411-1896

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

Name of Employer Preferred Mutual Insurance Company Occupation Vice President, Corporate Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 11 / 2012**

Transaction ID : AE2FEA21638FB40ED80C

Amount of Each Receipt this Period **120.00**

Full Name (Last, First, Middle Initial)
C. Nationwide Mutual Insurance Company

Mailing Address 1 W Nationwide Blvd

City Columbus State OH Zip Code 43215-2752

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **09 / 14 / 2012**

Transaction ID : A83E6F35FE39B4CAEB59

Amount of Each Receipt this Period **1250.00**

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 61 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Roger E. Needham AIC, AIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 666
 City Forreston State IL Zip Code 61030-0666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forreston Mutual Insurance Company Occupation Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A8ECACA9FFE314F75AF8
 Amount of Each Receipt this Period 900.00

B. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 11 / 2012
Transaction ID : AA0059BA3AF1F44F58E0
 Amount of Each Receipt this Period 250.00

C. Mr. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual of Enumclaw Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 24 / 2012
Transaction ID : A5C15F5172B484BA5900
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Donald H. Nikolaus		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012 Transaction ID : A8298A269582847FDAA7
Mailing Address PO Box 302		Amount of Each Receipt this Period 250.00
City Marietta	State PA	Zip Code 17547-0302
FEC ID number of contributing federal political committee. C		
Name of Employer Donegal Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Katherine Noirot		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2012 Transaction ID : ABDF A79B2ABCD4A9FA6f
Mailing Address PO Box 30660		Amount of Each Receipt this Period 500.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Marketing & Sal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	

Full Name (Last, First, Middle Initial) c. Mr. Danny Oakes		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012 Transaction ID : ABF0D062204304958BD1
Mailing Address PO Box 239		Amount of Each Receipt this Period 650.00
City Upper Sandusky	State OH	Zip Code 43351-0239
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Mutual Relief Association of W	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert F. Ohler
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 655.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : ABCC507C05F914B2E901
 Amount of Each Receipt this Period
 111.11

B. Mr. Gary J. Paich
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City State Zip Code
 Branchville NJ 07826-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FMI Insurance Company Information Requested
 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
 09 / 11 / 2012
Transaction ID : A595E1C7579354930827
 Amount of Each Receipt this Period
 250.00

C. Ms. Angela Panowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company Underwriting Supervisor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 533.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : AB8BD8B13C0C94ED0B1C
 Amount of Each Receipt this Period
 38.09

SUBTOTAL of Receipts This Page (optional)..... ▶ 399.20
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Garry Parks
 Full Name (Last, First, Middle Initial)
 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 Armed Forces Insurance Exchange Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2012
Transaction ID : A2699EFDCDA1D4F63894
 Amount of Each Receipt this Period 250.00

B. Ms. Sandra G. Parrilo
 Full Name (Last, First, Middle Initial)
 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 Providence Mutual Fire Insurance Compa Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2660.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A3E6B41B21BF94F5182A
 Amount of Each Receipt this Period 160.00

C. Mr. John A. Paul PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 498
 City Council Bluffs State IA Zip Code 51502-0498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Iowa Mutual Insurance Associat Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1775.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A35EE3E7C17AB43ACAD7
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 610.00
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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. John A. Paul PFMM		Date of Receipt
Mailing Address PO Box 498		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Council Bluffs	IA	51502-0498
FEC ID number of contributing federal political committee.		Transaction ID : ABDBB0B326F0544C6B57
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="775.00"/>
Name of Employer	Occupation	
Western Iowa Mutual Insurance Associat	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1775.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. John A. Paul PFMM		Date of Receipt
Mailing Address PO Box 498		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Council Bluffs	IA	51502-0498
FEC ID number of contributing federal political committee.		Transaction ID : A87A2EDE8DAE849FCB15
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Western Iowa Mutual Insurance Associat	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1875.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Mary S. Pierce		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.		Transaction ID : A1A726E39FD67432892B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Auto-Owners Insurance Company	Assistant Vice President-Home Office C	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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

Full Name (Last, First, Middle Initial) A. Ms. Mary S. Pierce			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : AC6EF14FD17F048CFA58
Lansing	MI	48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Auto-Owners Insurance Company	Assistant Vice President-Home Office C		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. James S. Polish			Date of Receipt
Mailing Address 6785 Westown Pkwy			<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : AAA29E688337545EE914
West Des Moines	IA	50266-7732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Farmers Mutual Hail Insurance Company	Mutual Services Representative		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. June A. Poole A.I.A.F.			Date of Receipt
Mailing Address 200 N Main St			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : AF94F0EE71D60483FBE8
Bel Air	MD	21014-3544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="55.56"/>
Name of Employer	Occupation		
Harford Mutual Insurance Company	Vice President & Treasurer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="277.80"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="330.56"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Lawrence Powell
Full Name (Last, First, Middle Initial)
Mailing Address 11300 N Rod Parm Rd Ste 220

City Little Rock	State AR	Zip Code 72212-4188
---------------------	-------------	------------------------

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

Name of Employer Arkansas Mutual Insurance Company	Occupation Consultant
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : A5BACCCEA480D4ED18A!

Amount of Each Receipt this Period
225.00

B. Mr. Barry Preslaski
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

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

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
09	/	04	/	2012

Transaction ID : A1C912FA028A24A178B0

Amount of Each Receipt this Period
30.00

C. Mr. Barry Preslaski
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : A21038B21E7344936B7F

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....	285.00
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 68 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Lee Rademacher			Date of Receipt
Mailing Address PO Box 30660			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code	Transaction ID : AB21C4EFDAEA441E1A17
Lansing	MI	48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 30.00
Name of Employer	Occupation		
Auto-Owners Insurance Company	Assistant Vice President-Commercial Li		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 270.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Lee Rademacher			Date of Receipt
Mailing Address PO Box 30660			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code	Transaction ID : AAF58A11ADDC548DF80B
Lansing	MI	48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 30.00
Name of Employer	Occupation		
Auto-Owners Insurance Company	Assistant Vice President-Commercial Li		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 300.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Kevin Rall			Date of Receipt
Mailing Address PO Box 111			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code	Transaction ID : A18224FB19CC3490D92C
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 50.00
Name of Employer	Occupation		
Ohio Mutual Insurance Company	Vice President, Personal Lines UW & Sa		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 550.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 110.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. David Reddick PhD		Date of Receipt 09 / 07 / 2012 Transaction ID : A37BF9B99EA1C48ED872
Mailing Address 3601 Vincennes Rd		Amount of Each Receipt this Period 20.00
City Indianapolis	State IN	Zip Code 46268-1154
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Mr. David Reddick PhD		Date of Receipt 09 / 24 / 2012 Transaction ID : A556452F2E4714E5CB1F
Mailing Address 3601 Vincennes Rd		Amount of Each Receipt this Period 20.00
City Indianapolis	State IN	Zip Code 46268-1154
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Director - Public Policy Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Mr. Tony Reeves		Date of Receipt 09 / 26 / 2012 Transaction ID : ADDBB90FC95EF45269FB
Mailing Address PO Box 645		Amount of Each Receipt this Period 1215.00
City Brenham	State TX	Zip Code 77834-0645
FEC ID number of contributing federal political committee. C		
Name of Employer Germania Farm Mutual Insurance Associa	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1215.00	

SUBTOTAL of Receipts This Page (optional).....▶	1255.00
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 70 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jonathan R. Riekse
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Date of Receipt
09 / 04 / 2012
Transaction ID : A7E9B8396C0D74D7BB16

Amount of Each Receipt this Period
120.00

B. Mr. Jonathan R. Riekse
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Personal Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Date of Receipt
09 / 26 / 2012
Transaction ID : A2CC8B228CCED4D6985F

Amount of Each Receipt this Period
80.00

c. Mr. L. Gerald Roach CPCU, FLMI
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230-0927
FEC ID number of contributing federal political committee. C		
Name of Employer Mutual Assurance Society of Virginia	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2240.00	

Date of Receipt
09 / 05 / 2012
Transaction ID : AB6600045CD934C078D8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. L. Gerald Roach CPCU, FLMI		Date of Receipt
Mailing Address PO Box 6927		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richmond	VA	23230-0927
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A6D31006153224ADCB5E
Name of Employer	Occupation	Amount of Each Receipt this Period
Mutual Assurance Society of Virginia	President	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2340.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. L. Gerald Roach CPCU, FLMI		Date of Receipt
Mailing Address PO Box 6927		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richmond	VA	23230-0927
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8297740EABB4441E9F0
Name of Employer	Occupation	Amount of Each Receipt this Period
Mutual Assurance Society of Virginia	President	<input type="text" value="155.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2495.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Mary Rowlinson		Date of Receipt
Mailing Address PO Box 111		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bucyrus	OH	44820-0111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC5987F2561A446A890F
Name of Employer	Occupation	Amount of Each Receipt this Period
United Ohio Insurance Company	Claims Operations Manager	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="280.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Mary Rowlinson			Date of Receipt
Mailing Address PO Box 111			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A3FCF4334AA7D43498B6
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
United Ohio Insurance Company	Claims Operations Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="475.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Mary Rowlinson			Date of Receipt
Mailing Address PO Box 111			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A85ADA5742BB543DEB08
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
United Ohio Insurance Company	Claims Operations Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Timothy Rutledge			Date of Receipt
Mailing Address 200 N Main St			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : AC6CD76F2A9AE47CEA70
Bel Air	MD	21014-3544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.87"/>
Name of Employer	Occupation		
Harford Mutual Insurance Company	Director of Accounting		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="222.24"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="65.87"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Kenneth Schroeder		Date of Receipt 09 / 04 / 2012 Transaction ID : ACCFA33563CD34260A7D
Mailing Address PO Box 30660		Amount of Each Receipt this Period 40.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Commercial Unde	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Mr. Kenneth Schroeder		Date of Receipt 09 / 26 / 2012 Transaction ID : A9160D9811C634344B82
Mailing Address PO Box 30660		Amount of Each Receipt this Period 40.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Commercial Unde	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. James C. Schumacher		Date of Receipt 09 / 04 / 2012 Transaction ID : A6A32ABF13E474FA1B31
Mailing Address PO Box 30660		Amount of Each Receipt this Period 40.00
City Lansing	State MI	Zip Code 48909-8160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Auto-Owners Insurance Company	Occupation Director - Agency Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 113
	<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. Mr. James C. Schumacher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Director - Agency Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : AF7F9DABC78C04D37950
 Amount of Each Receipt this Period **40.00**

B. Mr. Paul Sells
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Commerce Sq
 City Philadelphia State PA Zip Code 19103-7042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation Compensation Supervisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt **09 / 11 / 2012**
Transaction ID : AC07C79FD9BB74D3AB07
 Amount of Each Receipt this Period **24.00**

C. Mr. Kent B. Shantz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Mutual Insurance Company Occupation Vice President of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **273.00**

Date of Receipt **09 / 04 / 2012**
Transaction ID : AE05B0FB9BAFE463BBA1
 Amount of Each Receipt this Period **78.00**

SUBTOTAL of Receipts This Page (optional)..... **142.00**
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 75 OF 113
	<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

Full Name (Last, First, Middle Initial)
A. Mr. Gregory Shell

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt
09 / 04 / 2012
Transaction ID : AB118AC17DDA54293984

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Mr. Gregory Shell

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt
09 / 26 / 2012
Transaction ID : A1F8FD2078DA2480F8DA

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
c. Mr. Christopher G. Shipe CPCU, AIT

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

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

Name of Employer: Loudoun Mutual Insurance Company Occupation: President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.66**

Date of Receipt
09 / 27 / 2012
Transaction ID : AC0F14F6D48084FC9A76

Amount of Each Receipt this Period
111.11

SUBTOTAL of Receipts This Page (optional)..... **195.11**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Ronald Simon FLMI
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Shoreline Dr
 City DeWitt State MI Zip Code 48820-8707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A7717D773DE3F4F1F9E1
 Amount of Each Receipt this Period
 2000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A00B685EE92DB47E2BC9
 Amount of Each Receipt this Period
 105.00

C. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Commerce Sq
 City Philadelphia State PA Zip Code 19103-7042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1134.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : AEC53728D0B334CC38B8
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional).....▶	2225.00
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 77 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. John K. Smith CRM, CIC,
Mailing Address 1 Commerce Sq

City Philadelphia State PA Zip Code 19103-7042

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

Name of Employer Pennsylvania Lumbermens Mutual Insuran Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2394.00

Date of Receipt 09 / 26 / 2012
Transaction ID : AD4A34087085142DFB4B

Amount of Each Receipt this Period 1260.00

B. Ms. Irica Solomon
Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Political Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 654.20

Date of Receipt 09 / 07 / 2012
Transaction ID : A92D328FEE1D24E729D9

Amount of Each Receipt this Period 43.48

C. Ms. Irica Solomon
Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Political Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 697.68

Date of Receipt 09 / 24 / 2012
Transaction ID : A2DD600951D764899BF5

Amount of Each Receipt this Period 43.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 1346.96

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 78 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Irica Solomon
Full Name (Last, First, Middle Initial)

Mailing Address 122 C St NW Ste 540

City Washington State DC Zip Code 20001-2102

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

Name of Employer National Association of Mutual Insuran Occupation Political Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **782.68**

Date of Receipt
09 / 27 / 2012
Transaction ID : A6E92B7595092441FBA1

Amount of Each Receipt this Period
85.00

B. Mr. Steven C. Speicher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 04 / 2012
Transaction ID : A583E16119C684B0689B

Amount of Each Receipt this Period
30.00

c. Mr. Steven C. Speicher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 26 / 2012
Transaction ID : A75CF744CA9E94B1DAAA

Amount of Each Receipt this Period
30.00

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 79 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. John R. Spielberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harford Mutual Insurance Company Occupation Executive Vice President & General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A6D6C0560C6654D66AA2
 Amount of Each Receipt this Period 50.00

B. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 07 / 2012
Transaction ID : AF2EC9B8E3E9143C9927
 Amount of Each Receipt this Period 20.00

C. Ms. Kristen Spriggs
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Member Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 24 / 2012
Transaction ID : AEAB36149478B455186F
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Randy Sprouse
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3544

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

Name of Employer Harford Mutual Insurance Company Occupation Applications Development Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **222.24**

Date of Receipt **09 / 11 / 2012**

Transaction ID : AD88962A97E624A628F0

Amount of Each Receipt this Period **15.87**

B. Mr. Edward Stuckrath
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3994

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **09 / 04 / 2012**

Transaction ID : AE7DE77900F964BA0815

Amount of Each Receipt this Period **20.00**

C. Mr. Edward Stuckrath
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Anacapri Blvd

City Lansing State MI Zip Code 48917-3994

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 26 / 2012**

Transaction ID : A786B47CBAF364FD9BC0

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **55.87**

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 81 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Paul G. Stueven PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1285 Highway 15 S
 City Fairmont State MN Zip Code 56031-4461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Manager/Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3925.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : A1306331D70584568B0F
 Amount of Each Receipt this Period **1425.00**

B. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **720.00**

Date of Receipt **09 / 07 / 2012**
Transaction ID : A450B520C7A8C4EA0A1E
 Amount of Each Receipt this Period **40.00**

C. Mr. Tim F. Sullivan RPLU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAMIC Insurance Company, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **760.00**

Date of Receipt **09 / 24 / 2012**
Transaction ID : A03894311F0594C3BBB4
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **1505.00**
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 82 OF 113
	<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. Mr. Tim F. Sullivan RPLU
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer NAMIC Insurance Company, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012
Transaction ID : AF320D54D39E64038B77

Amount of Each Receipt this Period
60.00

B. Robin Suydam
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 400

City Branchville	State NJ	Zip Code 07826-0400
FEC ID number of contributing federal political committee. C		
Name of Employer Franklin Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2012
Transaction ID : A881B36C9658C46F08A5

Amount of Each Receipt this Period
300.00

c. Mr. Christopher P. Taft CPA
Full Name (Last, First, Middle Initial)
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 Preferred Mutual Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1935.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012
Transaction ID : A0BF94F3BE2424C7689C

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 83 OF 113
	<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. Ms. Susan K. Taggart PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68
 City Remington State IN Zip Code 47977-0068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Remington Farmers Mutual Insurance Com Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 27 / 2012
Transaction ID : AA8951A068A0B4D86B7B
 Amount of Each Receipt this Period 375.00

B. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 04 / 2012
Transaction ID : A6B4660CFD2DF4D85B3E
 Amount of Each Receipt this Period 85.00

C. Mr. Jeffrey Tagsold
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A72BF698A6C684F02B05
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 545.00
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 84 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Dave Talbert

Mailing Address 500 South US Highway 77-A

City State Zip Code
Yoakum TX 77995-1318

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

Name of Employer Occupation
Hochheim Prairie Farm Mutual Insurance Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : AC2A55332FBF04A738CD

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Paul Tetrault

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran State Affairs Manager/Northeast Region

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
09 / 07 / 2012

Transaction ID : A3F0A1E623C08442BA7C

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Mr. Paul Tetrault

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

Name of Employer Occupation
National Association of Mutual Insuran State Affairs Manager/Northeast Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : A5B8B9D4D562B4999921

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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

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

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

FOR LINE NUMBER: PAGE 85 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Daniel J. Thelen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President of Human Resourc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 09 / 04 / 2012
Transaction ID : A04CBB8E0CCC64CF8B6F
 Amount of Each Receipt this Period 50.00

B. Mr. Daniel J. Thelen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President of Human Resourc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 26 / 2012
Transaction ID : ADBC52E85ACAD4B5BB7E
 Amount of Each Receipt this Period 50.00

C. Mr. Joe Thesing
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Assistant Vice President - State Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 07 / 2012
Transaction ID : A39CEB04E311949EFA60
 Amount of Each Receipt this Period 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Joe Thesing

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : A2CDA5FF6223C48DC97F

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Mr. Bruce D. Thomas PFMM

Mailing Address PO Box 594

City State Zip Code
Algona IA 50511-0594

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

Name of Employer Occupation
Heartland Mutual Insurance Association President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : A45FD9CE115D941EA9E6

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Mr. Bruce D. Thomas PFMM

Mailing Address PO Box 594

City State Zip Code
Algona IA 50511-0594

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

Name of Employer Occupation
Heartland Mutual Insurance Association President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : A7405443FA6724F89BCD

Amount of Each Receipt this Period
85.00

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 87 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Mr. Bruce D. Thomas PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 594
 City Algona State IA Zip Code 50511-0594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heartland Mutual Insurance Association Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1125.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : A04F72EF1A49E4723A1E
 Amount of Each Receipt this Period **90.00**

B. Mr. Gary W. Thompson CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Mutual Insurance Company Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : A692E3EF7A6A249FC851
 Amount of Each Receipt this Period **100.00**

C. Mr. Randall Trinklein
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President of Administration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **741.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : A271134C88A4B45269FD
 Amount of Each Receipt this Period **39.00**

SUBTOTAL of Receipts This Page (optional).....▶	229.00
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 88 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Randall Trinklein		Date of Receipt
Mailing Address One Mutual Avenue		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frankenmuth	MI	48787-0001
FEC ID number of contributing federal political committee.		Transaction ID : AA49E5D43E9784806958
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="39.00"/>
Name of Employer	Occupation	
Frankenmuth Mutual Insurance Company	Vice President of Administration	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="780.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Ellen S. Truant		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bel Air	MD	21014-3544
FEC ID number of contributing federal political committee.		Transaction ID : AF2FE3E2D583F4B22B77
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="43.65"/>
Name of Employer	Occupation	
Harford Mutual Insurance Company	Vice President-Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="361.12"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Patrick Tuohy		Date of Receipt
Mailing Address 100 Northfield Dr Fl 4		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Windsor	CT	06095-4729
FEC ID number of contributing federal political committee.		Transaction ID : AB1EAF75B2A0E436A9F2
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1800.00"/>
Name of Employer	Occupation	
Prime Advisors, Inc.	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1882.65"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Mr. Gregg R. U'Ren
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : AA2BD592B607447ADB48
 Amount of Each Receipt this Period
 25.00

B. Mr. Gregg R. U'Ren
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A904039487D704A718CD
 Amount of Each Receipt this Period
 25.00

C. Mr. Aaron J. Valentine
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Mutual Insurance Company Occupation Senior Vice President, Treasurer & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : A6D8D5499F0F1427FABC
 Amount of Each Receipt this Period
 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-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
 09 / 04 / 2012
Transaction ID : A2D9F9206048B4A84A60
 Amount of Each Receipt this Period
 50.00

B. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Vice President-Claims
 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
 09 / 26 / 2012
Transaction ID : A45FBE664000C4CCB8C2
 Amount of Each Receipt this Period
 50.00

C. Mr. Ian R. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto-Owners Insurance Company Occupation Senior Vice President, Investments and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : ADD961EC7151C4AC6B16
 Amount of Each Receipt this Period
 45.00

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 91 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Ian R. Ward
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation Senior Vice President, Investments and
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : A9771C79B31904AC6B4C

Amount of Each Receipt this Period

45.00

B. Mr. Mick Ware
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5555

City Meridian	State ID	Zip Code 83680-5555
------------------	-------------	------------------------

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

Name of Employer United Heritage Property & Casualty In	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : A90D89D2F79ED436CBFD

Amount of Each Receipt this Period

100.00

C. Mr. Mark Wenger
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660

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

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

Name of Employer Auto-Owners Insurance Company	Occupation Actuary
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

Transaction ID : A60EC7CC99D2E48309DE

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional).....▶	229.00
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 92 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160

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

Name of Employer Occupation
Auto-Owners Insurance Company Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
09 / 26 / 2012
Transaction ID : **A6BDE79A91AB24248A7B**

Amount of Each Receipt this Period
840.00

B. Mr. James D. Whamond
Full Name (Last, First, Middle Initial)

Mailing Address 120 Long Ridge Rd

City State Zip Code
Stamford CT 06902-1843

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

Name of Employer Occupation
General Reinsurance Corporation South Region Manager - Treaty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
09 / 26 / 2012
Transaction ID : **A9F0760B5D5DC4FA1BAE**

Amount of Each Receipt this Period
1700.00

C. Mr. Lee F. Wilcox
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 159

City State Zip Code
Sheboygan Falls WI 53085-0159

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

Name of Employer Occupation
Sheboygan Falls Insurance Company President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 21 / 2012
Transaction ID : **ACAD35471E4C044A6989**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2034.00

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 93 OF 113
	<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. Mr. James W. Wilds CPCU, ARM,
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 14 / 2012
Transaction ID : A66FD84D77BDA435A866

Amount of Each Receipt this Period 120.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1990.00

Date of Receipt 09 / 26 / 2012
Transaction ID : A1B39F5EEC3934A92B8A

Amount of Each Receipt this Period 100.00

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-0001

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2110.00

Date of Receipt 09 / 28 / 2012
Transaction ID : AD075DB72ABF9430AA32

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00

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 94 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Denise G. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Manager-East Michigan Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 233.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A613F5D589DFC414C9F4
 Amount of Each Receipt this Period
 33.00

B. Ms. Denise G. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Manager-East Michigan Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A5FFDC998DBDB4FB7AC0
 Amount of Each Receipt this Period
 33.00

C. Mr. William Woodbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Anacapri Blvd
 City State Zip Code
 Lansing MI 48917-3968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company SVP, Assoc. Secretary & Assoc. General
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : AFED7B1A6E4C94DE1A97
 Amount of Each Receipt this Period
 84.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 113
(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. Mr. William Woodbury
Full Name (Last, First, Middle Initial)
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 Auto-Owners Insurance Company Occupation SVP, Assoc. Secretary & Assoc. General
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **504.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : AC24B74758D504A5C8DC
Amount of Each Receipt this Period **84.00**

B. Ms. Sharon V. Woodward
Full Name (Last, First, Middle Initial)
Mailing Address 100 N Charles St Ste 640
City Baltimore State MD Zip Code 21201-3808
FEC ID number of contributing federal political committee. **C**
Name of Employer Baltimore Equitable Insurance Occupation President/CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : AE3612376965B4F3F9D8
Amount of Each Receipt this Period **50.00**

C. Ms. Sharon V. Woodward
Full Name (Last, First, Middle Initial)
Mailing Address 100 N Charles St Ste 640
City Baltimore State MD Zip Code 21201-3808
FEC ID number of contributing federal political committee. **C**
Name of Employer Baltimore Equitable Insurance Occupation President/CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : A84A7F55218874015901
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **234.00**
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 96 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Thomas Woolley

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company Director-Vice Chairman-Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : **AB81D7458ABED4B1BB92**

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey S. Wrobel SR, CPCU,

Mailing Address PO Box 6927

City State Zip Code
Richmond VA 23230-0927

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

Name of Employer Occupation
Mutual Assurance Society of Virginia EVP, IT & Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : **A72DFD18EC25D4425BE0**

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Mr. William J. Wynne

Mailing Address 200 N Main St

City State Zip Code
Bel Air MD 21014-3544

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

Name of Employer Occupation
Harford Mutual Insurance Company Underwriting Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : **AE426F03512364AE795B**

Amount of Each Receipt this Period
15.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.87

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 97 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Steve Zabriskie
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Assistant Vice President-Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A40A3CC214CFA4E619A5
 Amount of Each Receipt this Period
 220.00

B. Mr. Jerry G. Zenke PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City State Zip Code
 Houston MN 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mound Prairie Mutual Insurance Company General Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : AFA2203D5C9314E09926
 Amount of Each Receipt this Period
 208.33

C. Mr. Jerry G. Zenke PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City State Zip Code
 Houston MN 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mound Prairie Mutual Insurance Company General Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1896.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A387CB0786068406A8AB
 Amount of Each Receipt this Period
 130.00

SUBTOTAL of Receipts This Page (optional).....▶	360.33
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: PAGE 98 OF 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Jerry G. Zenke PFMM

Mailing Address **PO Box 708**

City **Houston** State **MN** Zip Code **55943-0708**

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

Name of Employer **Mound Prairie Mutual Insurance Company** Occupation **General Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1896.64**

Date of Receipt
09 / 26 / 2012

Transaction ID : AC7547A7341D341ED8AF

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	48830.65

**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 99 OF 113
<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. Emc Corporation Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 171 South Street
 City Hopkinton State MA Zip Code 01748
 FEC ID number of contributing federal political committee. **C** C00385948
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : A67CB9741C6B945FC9E1
 Amount of Each Receipt this Period
 5000.00

B. Grange Mutual Casualty Company PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 671 South High Street PO Box1218
 City Columbus State OH Zip Code 43216
 FEC ID number of contributing federal political committee. **C** C00302695
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : AACDCC2056FBB40CD865
 Amount of Each Receipt this Period
 3000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	8000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 100 OF 113
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c	<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. NAMIC Administrative Fund

Full Name (Last, First, Middle Initial)
Mailing Address 3601 Vincennes Road

City Indianapolis	State IN	Zip Code 46268
----------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1556.52

Date of Receipt

M M	/	D D	/	Y Y	Y Y	Y Y
09	/	24	/	2012		

Transaction ID : A237BB78CBE61401B956

Amount of Each Receipt this Period
375.64

Reimb. of bank fees

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	375.64
TOTAL This Period (last page this line number only).....▶	375.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2012

Transaction ID : B01FBD11538D14C4B8BA

Amount of Each Disbursement this Period

125.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2012

Transaction ID : B52EED65733AF4999A6C

Amount of Each Disbursement this Period

135.92

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

260.92

260.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund For A Greater America

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B3BAB9F0C5B8D408A83E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Capuano for Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Michael E. Capuano

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

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B5E0D0AD1B247474C8BA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Carper for Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Sen. Thomas R. Carper

Office Sought: House Senate President
State: DE District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B481DB369AFAB42338EC

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Emanuel Cleaver II

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : BC7DAC516B2614E60835

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address 9660 COBBLESTONE DRIVE

City CLARENCE State NY Zip Code 14032

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Chris Collins

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : B5F9C90F1C8894868B10

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Continuing a Majority Party Action Committee (CAMPAC)

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : B135AB1348F35409ABEF

Amount of Each Disbursement this Period

5000.00

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Every Republican Is Crucial (ERICPAC)

Date of Disbursement

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

Mailing Address 25 E Main Street
Suite 200

Transaction ID : B18EDB42C67F1465796F

City Richmond State VA Zip Code 23219

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2012 Political Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Full Name (Last, First, Middle Initial)

B. Forward Together PAC

Date of Disbursement

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

Mailing Address 201 North Union Street
Suite 300

Transaction ID : BFA9D8DC470CF42FFA7B

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Political Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CAROLYN MCCARTHY

Date of Disbursement

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

Mailing Address 151 LINDEN ROAD

Transaction ID : B19D8A76281994C24A3D

City MINEOLA State NY Zip Code 11501

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
General 2012 Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 04

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Christopher S Murphy

Office Sought: House Senate President

State: CT District:

Disbursement For: 2012
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B979F17FA203E465EBC9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN KILDEE

Mailing Address P.O. BOX 248

City FLINT State MI Zip Code 48501

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Daniel T Kildee

Office Sought: House Senate President

State: MI District: 05

Disbursement For: 2012
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2012

Transaction ID : B4850A3BC68664ABD86D

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Primary 2014 Contribution

Candidate Name

Sen. Mark R. Warner

Office Sought: House Senate President

State: VA District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B5190B27F41DC47218FB

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. GIVING WILLINGLY EMPOWERING NATIONALLY (GWEN) PAC

Mailing Address P.O. BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B01AB23A738BB4344B9F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GLACIER PAC

Mailing Address 3242 CUMMINS WAY

City MISSOULA State MT Zip Code 59802

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B71F3A91D5DBF48E7876

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HOOSIERS FOR RICHARD MOURDOCK INC

Mailing Address PO BOX 1583

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Richard E Mourdock

Office Sought: House
 Senate
 President

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

State: IN District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : BE275726B053E454981D

Amount of Each Disbursement this Period

2500.00

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Ron Kind

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : BE8924E2CCF0145149C4

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Latham for Congress

Mailing Address PO Box 8237

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Tom Latham

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : BCC496DBE10AD45DFB72

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lofgren for Congress

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Zoe Lofgren

Office Sought: House
 Senate
 President
State: CA District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B11CF543F3B554CD4831

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
General 2012 Contribution

Candidate Name
Rep. Mike Thompson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B5AEF04650C914B6EB09

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Montanans for Tester

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement
General 2012 Contribution

Candidate Name
Sen. Jon Tester

Office Sought: House Senate President
State: MT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B22767D3657AB4888B18

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Perlmutter for Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
General 2012 Contribution

Candidate Name
Rep. Ed Perlmutter

Office Sought: House Senate President
State: CO District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B62E4232319524A25931

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 904

City State Zip Code
DUNN NC 28335

Purpose of Disbursement
General 2012 Contribution

Candidate Name
Rep. Renee L. Ellmers

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : **BC964273518454456B3C**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Team Emerson

Mailing Address PO Box 822
400 Broadway, Suite 501

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Original Disbursement recorded on 8/3/12

Candidate Name
Rep. Jo Ann Emerson

Office Sought: House Senate President
State: MO District: 08
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : **B906B70937F844EA6835**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]
Original Disbursement recorded on 8/3/12

Full Name (Last, First, Middle Initial)

C. Team Emerson

Mailing Address PO Box 822
400 Broadway, Suite 501

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Redesignation of check recorded on 8/3/12

Candidate Name
Rep. Jo Ann Emerson

Office Sought: House Senate President
State: MO District: 08
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : **B18AF9F7065954A1DA48**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]
Redesignation of check recorded on 8/3/12

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

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

500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Patrick J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

Transaction ID : BC8EA944E9C2D42BD83A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TISEI CONGRESSIONAL COMMITTEE

Mailing Address 932 LYNNFIELD STREET

City LYNNFIELD State MA Zip Code 01880

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Richard R Tisei

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

Transaction ID : BEB55E67D1CB446FE98B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. VARGAS FOR CONGRESS 2012

Mailing Address 5429 MADISON AVE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Juan C Vargas

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

Transaction ID : BF27626D2DCA84DC18FB

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Westmoreland for Congress

Mailing Address PO Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Rep. Lynn A. Westmoreland

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : B527F81A1B07C4884824

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

58500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Quincy Murphy

Mailing Address 3238 Peach Orchard Road

City Augusta State GA Zip Code 30906

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : BC818486C72FA411D9FD

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Tommy Bryan

Mailing Address 8531 Marsh Pointe Drive

City Montgomery State AL Zip Code 36117

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B17E15022702A4A6C8D9

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Cowsert for Senate

Mailing Address 2405 West Broad Street, Suite 250

City Athens State GA Zip Code 30606

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : BACCB10F3A0E74BAF883

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

1	5	0	.	0	0
---	---	---	---	---	---

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

1	5	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. David Shafer Senate Committee

Mailing Address Post Office Box 880

City Duluth State GA Zip Code 30096

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : B4EE76723A8CF4A19B16

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of Mike Henne

Mailing Address 8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement
General 2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : B791DC85A9CA84D1B900

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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